### EVV Update, Emergency Response Plan

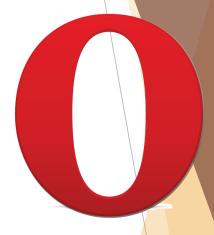
June 2018

## From any internet browser





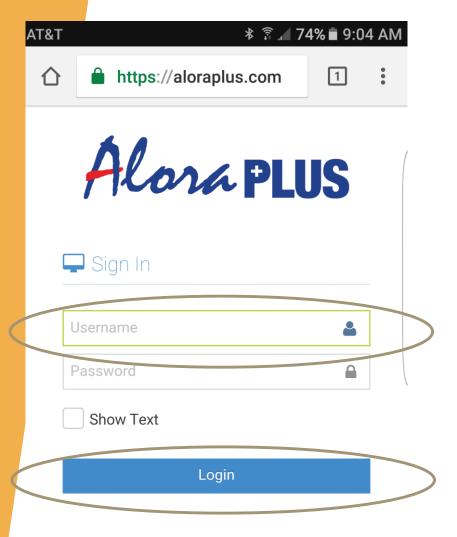




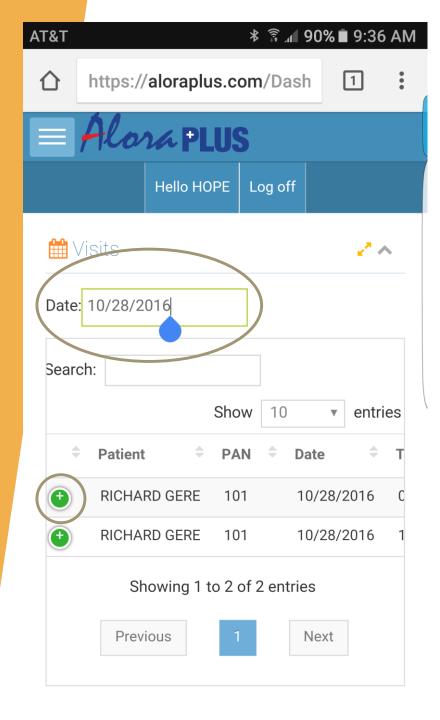
Go to: Www.aloraplus.com

### June EVV Contest

During the Month of June we will monitor EVV usage. Employees who achieve 97% total usage will win an A&L T-Shirt & be posted on our Facebook and Webpage.



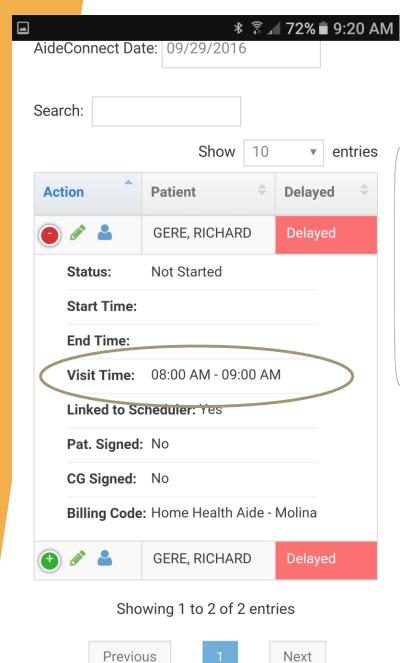
# Login using your Email address and password



Once logged in,
you will be able to view
all of your client visits
for the date selected

(Defaults to today's date)

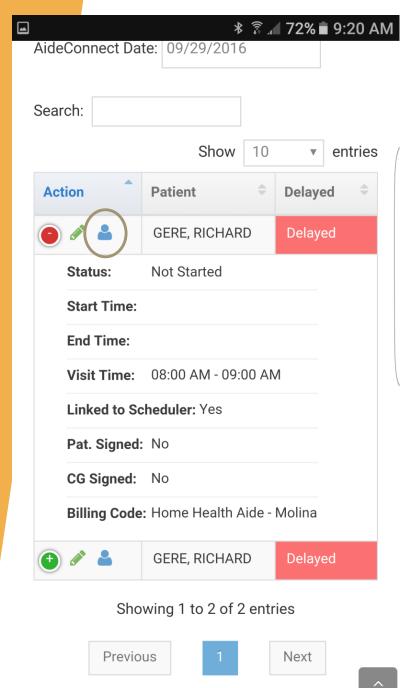
Click the green + button to expand visit details



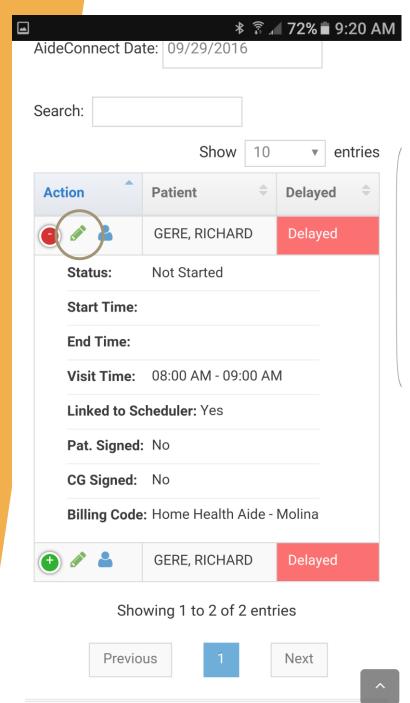
On the expanded display, full visit details will be displayed Including the time the visit is to be completed.

THIS TIME CAN NOT BE ALTERED
WITHOUT APPROVAL FROM THE
SCHEDULING DEPARTMENT

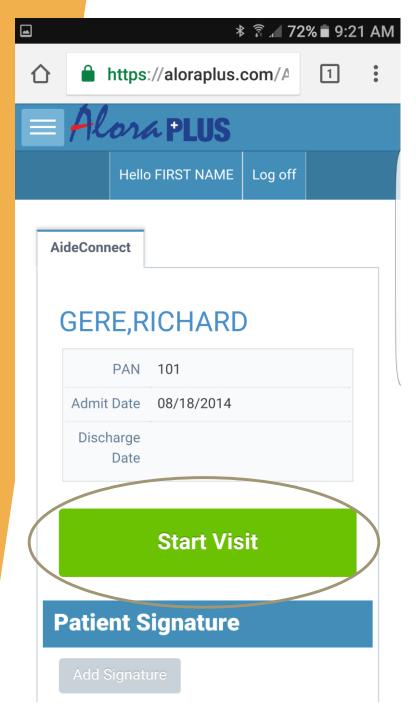
Regular Time	Military Time	Regular Time	Military Time
Midnight	0000	Noon	1200
1:00 a.m.	0100	1:00 p.m.	1300
2:00 a.m.	0200	2:00 p.m.	1400
3:00 a.m.	0300	3:00 p.m.	1500
4:00 a.m.	0400	4:00 p.m.	1600
5:00 a.m.	0500	5:00 p.m.	1700
6:00 a.m.	0600	6:00 p.m.	1800
7:00 a.m.	0700	7:00 p.m.	1900
8:00 a.m.	0800	8:00 p.m.	2000
9:00 a.m.	0900	9:00 p.m.	2100
10:00 a.m.	1000	10:00 p.m.	2200
11:00 a.m.	1100	11:00 p.m.	2300



To view patient demogra such as the address and phone number, click the blue person silhouette.

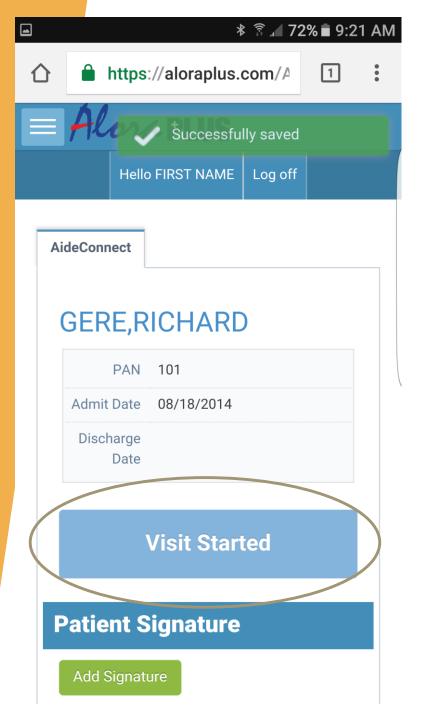


Once you are ready to enter the appointment, click the green pencil.

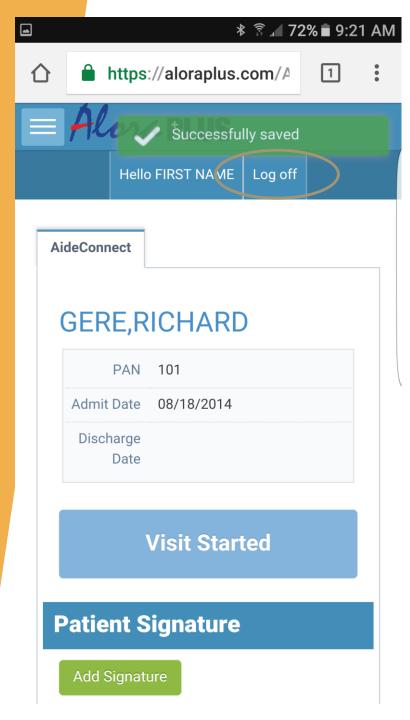


At scheduled time, click "START VISIT".

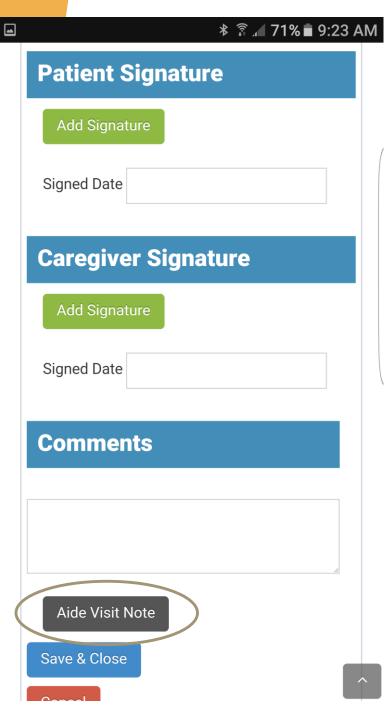
You are not clocked in until you click this button.



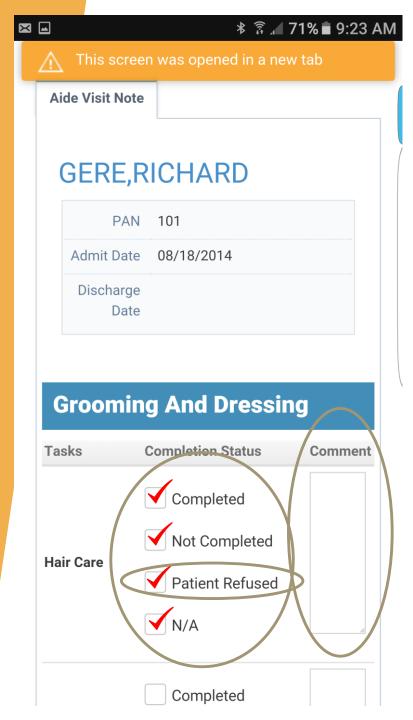
The button will fade out and change to "VISIT STARTED"



We HIGHLY recommend logging out any time you are not working within the system to prevent any potential HIPAA violations!!



Once you are ready to complete your documentation, which we call a check sheet, the "AIDE VISIT NOTE" button.

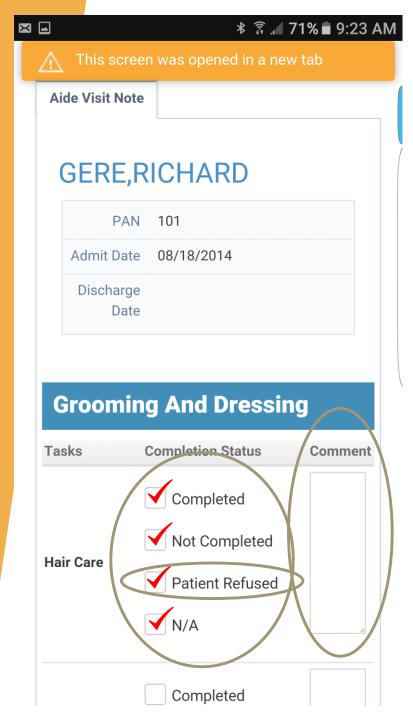


For each question, check either:

- COMPLETED
- NOT COMPLETED
- PATIENT REFUSED
  - N/A

DO NOT USE THE PATIENT REFUSED OPTION AS AN OUT FOR NOT DOING WHAT YOU WERE SUPPOSE TO DO!! ONLY MARK THIS OPTION IF THE PATIENT ACTUALLY REFUSES AS OVERUSE OF THIS COULD LEAD TO LESSENING OF THE CLIENT'S HOURS!

Each question has a comment section. Most of the time this will be blank, but it is available, if needed.

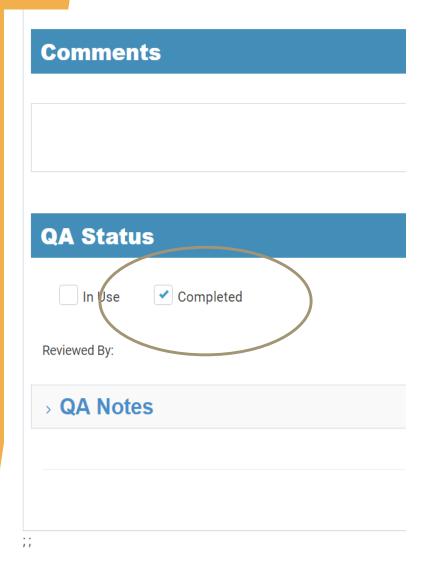


For each question, check either:

- COMPLETED
- NOT COMPLETED
- PATIENT REFUSED
  - N/A

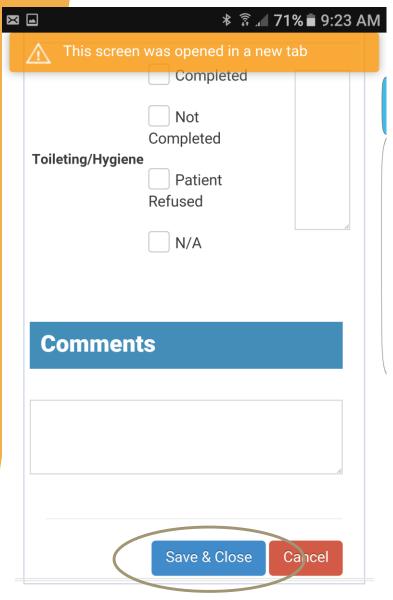
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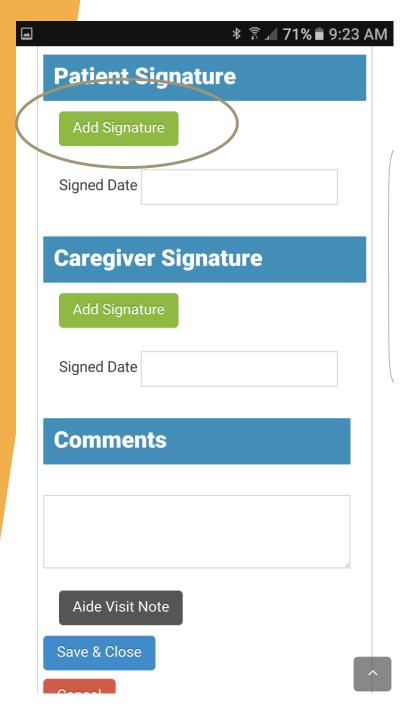
Once you have finished your check sheet, scroll to the final section titled "QA STATUS" and mark "COMPLETE"

YOU MUST MARK THE DOCUMENT COMPLETE FOR IT TO PROCESS THROUGH PAYROLL



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Once you have completed your check sheet, Click "SAVE & CLOSE"

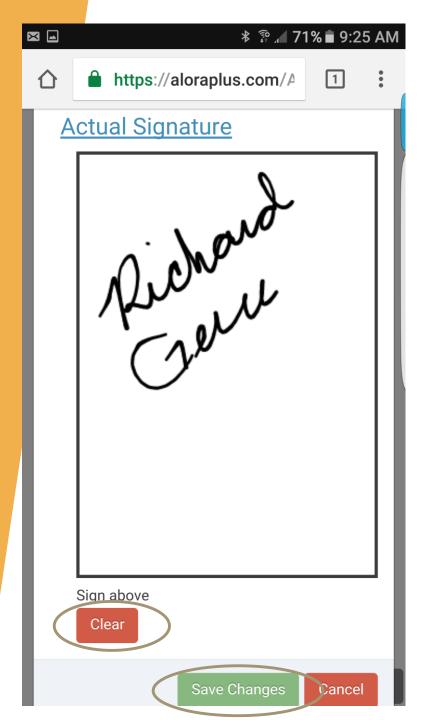


## Now you are ready to add the signatures!

Begin with the Patient's Signature.

Under the section titled

"PATIENT SIGNATURE",
click "ADD SIGNATURE"



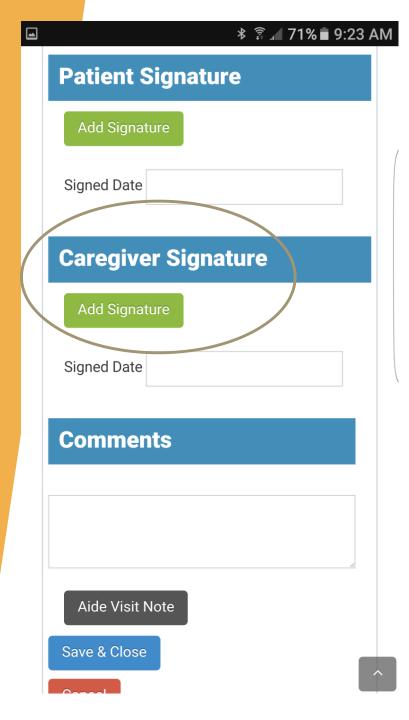
Using their finger or a stylus, have the patient sign the screen WITHIN the black box.

For most devices it may be easier to rotate it to landscape to make the box larger.

Once complete, click "SAVE CHANGES"

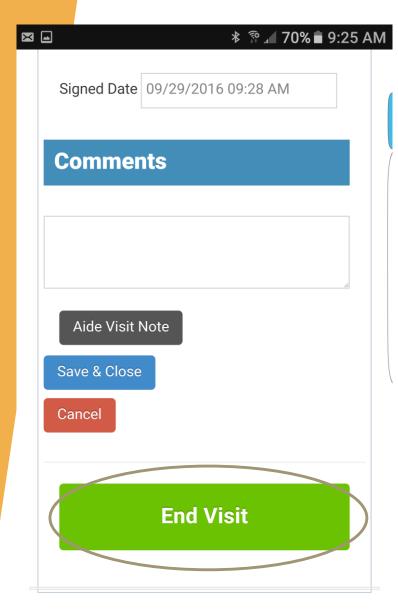
## Once saved, the Patient Signature Section will expand and display the captured signature. This is your confirmation that the signature was successfully completed.





## The Caregiver Signature works exactly the same.

Under the section titled "CAREGIVER SIGNATURE", click "ADD SIGNATURE"



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## At the SCHEDULED visit end time, scroll down and click the "END VISIT" button.

#### **REMEMBER:**

Your clock out time MUST match you scheduled time.

DO NOT CLOCK OUT LATE OR EARLY!

## TO CLOCK IN AND OUT FOR AN OFFLINE PATIENT:

In the instance your client is in an area that does not have internet access, PLEASE ATTEMPT TO CONNECT TO THIER WIFI PRIOR TO FOLLOWING THESE INSTRUCTIONS.

#### TO CLOCK IN:

- 1. From the PATIENT'S PHONE, dial 888-714-2999.
- 2. When prompted, enter your employee ID followed by "#".
- 3. When prompted, press "2" to clock in.
- 4. When prompted, enter the paient's Telephony ID followed by "#". (Please review the plan of care or contact your supervisor if you do not know the Telephony ID)
- 5. The system will state "Your record has been saved", at which time you may end the call.

#### TO CLOCK OUT:

- 1. From the PATIENT'S PHONE, dial 888-714-2999.
- 2. When prompted, enter your employee ID followed by "#".
- 3. When prompted, press "3" to clock out.
- 4. When prompted, enter the paient's Telephony ID followed by "#". (Please review the plan of care or contact your supervisor if you do not know the Telephony ID)
- 5. When prompted for a task code, enter the code(s) for any and all completed tasks (see task code list). Repeat until all completed tasks have been entered.
- 6. When prompted, hand the phone to the patient for them to complete verbal verification of visit by stating their name.
- 7. The system will state "Your record has been saved", at which time you may end the call.

#### Emergency Response Plan

- Potential hazardous events for A & L Home Care and Training Center, LLC:
  - Natural Emergencies and Disaster Events
    - Blizzard/Heavy Snow
    - ▶ Flood
    - ► High Damaging Winds
    - ► Ice Storm
  - Man-Made Emergencies and Disaster Events
    - Communications Failure
    - ► IT Failure/Internet
    - Power Failure
    - Water Failure
- Those hazards listed have been found to be the biggest risk for this agency with the most likelihood of disruption of service.

This plan uses the term "all hazard" to address all types of incidents. An incident is an occurrence, caused either by humans or by a natural phenomenon, which requires or may require action by home care and emergency service personnel to prevent or minimize loss of life or damage to property and/or the environment.

#### Examples of incidents include:

- Fire, both structural and wildfire
- Weather related emergencies including snow, ice storms, heat and flooding
- Hazardous materials accidents
- Power outages
- Transit and worker strikes
- Natural disasters
- Terrorist/WMD events.
- Incidents of naturally occurring disease outbreak
- ▶ Planned Public Events, such as political

#### Plan Activation/Deactivation

- The CEO, who serves as the Incident Commander, has the authority to activate and deactivate this Emergency Preparedness Plan based on information known to her/him at the time which indicates such need. If the CEO is not available, the Administrator, and then the Assistant Administrator will have the authority to activate the response plan.
- Goal: Allow smooth transition of patient services and ensure continuity of care for all patients served by this agency.

Position	Organizational Role	Responsibilities	Assigned
Incident Commander	CEO	Establish/maintain command Directs all incident tactical operations	Dawnetta Abbett
Informational Officer	General Operations Manager	Central point for information dissemination	Heather Ervin
Liaison Officer	Office Manager	Point of contact for other agencies	April Scarberry
Safety and Security	Registered Nurse	Anticipates, detects, and corrects unsafe situations	Brandon Bennett
Operations	Administrator	Oversees all incident tactical operations	Missy Rowe
Planning and Intelligence	Assistant Administrator	Collects, analyzes key information Formulates incident action plan; maintains documents, prepares for demobilization	Monica Scarberry
Logistics	Facilities Department	Responsible for acquisition and maintenance of facilities, equipment, materials	Larry Abbett
Finance/Administration	Controller	Monitors costs, contracts, financial and time reporting	Jamie Casella

- Incident Command Center
- Unless the emergency renders the agency office unusable, the Incident Command Center will be located at the main office, 6129 County Road 107, Proctorville, OH 45669. The alternative site will be at the Ironton office 1922 South 9<sup>th</sup> Street, Ironton, OH 45638.
- ▶ Both offices will maintain data backup through hard-wired phones, battery operated radios and/or emergency generators.

- After Receiving Notification of an Emergency Direct Care Staff
- Do not leave your home until you receive your assignment.
- Do not ask questions when you are called. This will only slow down the rate of calling and response time to the emergency.
- When you receive a call with your assignment, you will receive all of the necessary information about the emergency and those affected.
- Please wear your nametag and Agency shirt so you can be easily recognized by other cooperating agencies.
- Stay off the phone so your second call can come through uninterrupted.
- ▶ If phone lines are down listen to radio stations (WKEE; WTCR) for instructions.
- If there is no power, or phone lines, open the emergency kit provided to you by the agency which includes a battery-operated radio and proceed to the prearranged meeting area.

- If You Are Away from Home When an Emergency Happens Direct Care Staff
- Call the Agency office to let the Emergency Supervisors know that you are available to help. You will receive an assignment at that time.
- If there are no working telephones, either come to your assigned Agency office for assignment. In the event that the telephones are not working, the Emergency Supervisors will be at the agency site and all assignments will be made from there.

If an Emergency Occurs During Working Hours - Direct Care Staff

When you report for assignment of emergency patients, give a list of those patients you have yet to see to the Emergency Supervisor. A decision will be made by one of the Emergency Supervisors as to whether you will be pulled to help with the emergency assessments, or be assigned to continue with your regular assignments or to assume some patients left from those nurses who are assigned to work on the emergency assessments. Those staff members who have had first aid training will be high priority to be assigned to emergency assessments.

#### Emergency Assessments

Each nurse or aide making home visits to patients must check in with the Agency office and update every two hours. Any new assignments will be made at that time. When the nurse has completed the list of patients assigned to them, they will be assigned to a community assistance first aid site to help with triage if needed, or will be assigned to specific patients from the regular caseload to complete that day's schedule. At least one (1) Emergency Supervisor will be present at the designated check in site to further assign Agency employees as they arrive and coordinate the staff members. If a patient needs to be moved to another site, the following procedure will be followed:

- If the patient is unharmed but the home is damaged or unsafe and the telephone system is working, the nurse or aide will contact family or friends that the patient may request and make arrangements for the patient's transportation. Keep track of where the patient is going and all necessary telephone numbers, or contact the Emergency Supervisor for arrangements to be made through the county emergency planners for transportation to an alternate care facility if other arrangements cannot be made.
- If the patient is injured and needs transport, contact an Emergency Supervisor for arrangements to be made through the county emergency planners for transport to a hospital/emergency room/triage site, depending on the need as determined by the county emergency planners. Be sure to have a complete list of the patient's needs when notifying the Emergency Supervisor.
- Remember-The official personnel who are at the site (police, ambulance personnel, etc.) have had training in handling emergencies, as well as potentially hazardous situations. If they tell you not to go to a certain area, don't go. In the event of damaged, blocked or impassable roads, staff members will take alternate routes or notify an Emergency Supervisor of inability to reach an area.

#### Unsafe Home Situation

Before entering a patient's home, determine if there is a safety issue possible gas leak, exposed electric wire, etc.). Assess the situation and report to an Emergency Supervisor, who will report to the county emergency planners for proper emergency personnel to secure that site.

#### Plan Deactivation: Call Down Procedure

- Once the emergency response plan is deactivated by the CEO, the administrator will notify the assistant administrator and the General Operations Manager to initiate the staff call down procedure and stepdown procedure to normal operations.
- The CEO will provide critical personnel an operational plan for the return to normal operations, including but not limited to:
- Staff notification
- Patient notification/possible location
- Patient reassessment for services
- Documentation completion
- Damage reports
- Inventory
- Community Communications protocols
- Evaluation of agency performance