

POST-ACUTE SERVICES JOB REQUIREMENTS AND EXPECTATIONS FOR EMPLOYMENT

Please read the following document in its entirety and sign. Keep one copy for your records and return the signed copy to Cindy Weaver to be kept in your employee file.

HEALTHCARE RESPONSIBILITIES

Patient care responsibilities:

New admissions:

- Evaluate and perform H&Ps within 72 hours of admission, with exceptions dictated by management. H&Ps should be completed by a physician unless specified otherwise by management
- Upload face sheet into gEHRimed. Face sheet should contain complete insurance information.
- Sign and date admission orders in facility record
- Complete C2s for all controlled substances
- Complete MOLST form
- Assess decision making capacity (physicians and nurse practitioners only)
- Ensure that all patients have the need for DVT prophylaxis addressed upon admission. Document plan in H&P

Visit Frequency:

- While we appreciate the realities of practicing in the Post-Acute setting may hinder the ability to see patients on a structure basis, it is our goal to see skilled patients:
 - Twice weekly for regular risk skilled
 - Three times weekly for high risk skilled (COPD, CHF, pneumonia, sepsis)
- For acute issues with on-going changes, can be seen up to daily.
- Maintain up to date tracking system for rounding.
- Skilled visits and acute visits are made according to medical necessity.
- Federal regulations state that long term care residents be seen at minimum every 30 days.
- federal regulations state new admissions will have physician visits every 30 days for the first 90 days. After that time, monthly visits may alternate between physician and APP.

Care expectations:

- Address lab and study results same day or as soon as practicable and include pertinent results in progress notes.
- Address consultant recommendations same-day (either telephonically or in person) and include consultant information in progress notes.
- Address pharmacy recommendations promptly

- Review wound consultants' plan of care weekly and document that wound care specialist is managing wound care treatment plans. Include the 5 components of wound care documentation. (See Wound Risk Assessment Policy)
- Per state mandate, Prescription Drug Monitoring Program (PDMP) in CRISP should be checked when discharging a patient with a more than 3-day supply of controlled substances; refer to Department of Health website for more information.
- Discuss patient concerns with RN Unit Manager or DON, if available, prior to decision to transfer patient to ED. (See ED Transfer Policy below)
- Sign Medicare A certification forms when asked (this allows facility to be paid for skilled patients)
- Complete guardianship paperwork as requested by Social Work or Business Office
- MOLST forms are required for every patient, complete upon admission and revise as needed, or if Social Work requests
- Complete C2 forms so that patients do not have interruption in administration of controlled substances.
- Facilitate copy of providers notes being placed in chart, as requested by facility.
- Evaluate patients promptly if requested to do so by nursing staff.
- Speak with families as requested by nursing staff.
- Sign rehab orders as requested.
- Discharge summaries should be completed on all patients being discharged; If a patient does not have a face-to-face visit for the discharge, a brief non-billable note should be completed to meet facility requirements.
- Provide phone coverage 6am- 6pm for assigned days; Respond to calls promptly.

Please recognize that when you are assigned to a facility, you are responsible for not only resident healthcare but representing the Adfinitas Health team. We require that our providers are professional in appearance, and in communication with all facility staff, residents, families and other providers while promoting the Adfinitas Health mission statement. Take time to learn who the key personnel are in your facilities (i.e. Administrator, Director of Nursing, Admissions Directors, Unit Managers). These individuals can be very helpful in your day-to-day operations and the relationships we develop with them are very valuable to the team as a whole. Check in with the key personnel on a regular basis to see if they have any concerns or issues. The following are tasks required in order to meet the needs of the facility:

1. Secure your buildings prior to leaving for the day. Please make rounds on the nursing stations prior to your departure to:
 - a. Ensure all resident/family issues have been addressed for the day.
 - b. Address C2 forms/ pending admission forms are signed. All C2 forms must be fully completed by the provider.
 - c. Inform the appropriate nursing staff that you are leaving for the day and that they should call you or the day call provider up until 6 pm with any issues until on call service takes over.
2. Please develop a plan of communication with other providers to leave instructions for residents that need to be seen or followed the next day. Please maintain the log for LTC monthly visits. All providers are responsible for maintaining visit logs and updating daily as to which patients have

been seen. It is vital that we communicate with the provider coming after us to ensure all residents are seen and have their needs met.

3. Please contact families when you are making significant changes to a plan of care and to those of residents who have an acute change. Try to anticipate if a family should be called on a regular basis (i.e. one who has consistent concerns or complaints).
4. For Long Term Care patients that reside in the facility, a call or meeting with family is recommended to occur and be documented regularly as circumstances dictate.
5. Day call duties- the team at each facility will divide up day call responsibilities so that one provider is available by phone each day Monday through Friday from 6am to 6pm. The day call schedule should be posted at each nurses' station. Providers are responsible for ensuring that call schedules are posted in facilities.
6. On call duties- Unless contractually excluded, providers are required to take call shifts as scheduled. Evening/ night (after hours) call shifts are from 6pm- 6am. Weekend day shifts are 6am- 6pm and weekend alternate shifts are from 10am to 8pm. Alternate shifts include eMediCall and overflow phone coverage. Each provider is responsible to keep track of when they are scheduled for call by consulting published call schedules or qGenda. Facilities reach the on-call provider by dialing the call line, which rolls over to the designated person on call. Each nurses station should have day call schedule which includes the after-hours on call number. Providers are responsible for ensuring that call schedules are posted in facilities.
7. Requests for no call on certain shifts should be submitted via qGenda. Please limit no call requests to a manageable number and specify if you cannot take call the night prior to a PTO period.
8. Sign outs – Communication with on-call providers is important to continue high quality of care during off hours and weekends. A sign-out is required for each facility on Friday afternoons. Please use these sign outs to update the on call team of residents in your SNF that are high risk (i.e. acute change in status, unstable residents, infectious outbreak, and residents with history of high readmission rate); also include residents with an abnormal baseline status so they are not sent out needlessly. Sign outs are encouraged during the week if a clinical situation warrants communication or if there are tests results pending after 6pm. It is imperative to include in sign outs detailed information about pending tests, including reasons for ordering and instructions on how to deal with results.
9. Post Call- A report of issues requiring follow up by the day providers, as well as noteworthy clinical issues that transpired during the call shift is required to be completed on the post call template specific to their call group. Using the template during the call shift will assist with knowing pertinent phone numbers associated with the facilities. Attending names are listed next to facility as well. This can be helpful to make sure nurses are calling for Adfinitas patients only. A blank template should be saved for future use. Blank templates can also be found on Google docs. The post call report should be emailed to snf@adfinitashealth.com soon after the end of a call shift. Day providers are required to read all post call reports and eMediCall communications for their assigned buildings.
10. For clinical concerns please see Adverse Event policy. Discuss all other concerns with your Regional Manager.

ADMINISTRATIVE REQUIREMENTS

Although the main focus of our providers on the Adfinitas Health team is to provide quality healthcare to our residents and families, there are some additional healthcare related and administrative responsibilities required of our providers to help maintain the relationships we have established in our Skilled Nursing Facilities (SNF) and to ensure effectiveness of overall operations on a daily basis.

General expectations:

- Maintain Adfinitas phone with voice mail greeting stating name and position. Listen to voice mails promptly and delete. Voice mail box must be sufficiently empty to allow new messages to be left.
- Read Adfinitas emails daily on days worked.
- Respond to emails within 24 hours during business days.
- Answer all applicable quality measures prior to closing each encounter.
- Work to achieve goal average of 15 visits or 23 RVUs per day.
- Complete required number of Rapid Cycle Feedback audits per month

Operational Expectations:

- Coding Education will be included in the initial orientation. Billing and coding audits will be completed for 90 days after employment and reviewed every 30 days as needed based on prior audits. You will be notified in the event that further instruction is necessary, however, this service is available to you at all times and we strongly encourage you to contact the Coding Educator should you have any questions or concerns.
- Absent of extenuating circumstances, all encounters should be closed within 24 hours of the patient encounter. Failure to do so may result in financial penalties.
- There will be mandatory team meetings held on a regular basis. The purpose of this meeting is to discuss new developments and on-going issues, introduce new staff and share ideas as a group. The meeting is mandatory either in person or by Zoom meeting remote participation. Minutes from all meetings are emailed to the entire team. It is a requirement that all providers read all published minutes closely. Even if a provider has attended the meeting, the minutes should still be read in entirety. Communication is very important to maintaining our team work.
- All moonlighting must be pre-approved by Maria Hess, Chief Operating Officer or Dr. Jennifer Riedinger, Chief Clinical Officer.
- If you are having any issues in your SNF for any reason that is impeding your work performance and/or care to residents please contact Cindy Weaver so that we may intervene on your behalf.
- Census numbers for facilities are required to be sent in twice weekly using the Census Tracker. [insert link here]
- Providers are assigned to specific buildings but will be asked to work in other facilities at times, due to coverage needs.

ADFINITAS HEALTH POST-ACUTE SERVICES PAID TIME OFF (PTO) POLICY

Adfinitas Health management is committed to ensuring that all providers can take advantage of their accrued leave hours. As we are a health care corporation, leave can only be granted if a high quality of patient care can be maintained.

- The PAS division of Adfinitas Health has a traditional work week schedule; 40 hours per week (for full time) with work days being Monday through Friday.
- PTO (paid time off) is granted to qualifying employees on an accrual basis. A set number of PTO hours are added for a provider each pay period. PTO hours must be available for leave to be granted.
- Providers have sole responsibility in determining if adequate PTO hours have accrued prior to making any off requests. This is done by checking PTO accrual in the company's Payentry system.
- Everyone should download the qGenda app on their phones. Providers should discuss desired PTO timing with fellow Adfinitas providers who work in the same center. Only one provider can be on PTO in one center at a time.
- All PTO requests must be submitted in qGenda. A PTO request sent via e-mail cannot be considered.
- Unpaid leave is allowed only under special circumstances. If a provider's responsibilities cannot be covered then unpaid leave would not be allowed.
- We recognize that emergencies do arise and will attempt to accommodate when this happens. In addition to calling or texting your Regional Manager, please submit information to PTOrequest@adfinitashealth immediately if emergency or illness arises and you are unable to work on a particular day.
- As your scheduled vacation time approaches, please inform your facilities of your time away. Please coordinate with Tiya and Region Leads to make sure that all day call and rounding responsibilities have been reassigned.
- We do not guarantee that leave will be approved if travel plans are made prior to submitting a request. Please obtain approval for leave prior to paying for any travel.
- The maximum length of leave that can be accommodated is 2 weeks and this would only be available during non-holiday and non-summer months.
- There are up to 6 paid holidays for full time day providers (if on a weekend, we comply with federal determination for assigning the holiday):
 1. Memorial Day
 2. Labor Day
 3. July 4th
 4. Thanksgiving Day
 5. Christmas Day
 6. New Year's Day

Exception for on-call duties:Call Coverage Providers shall provide weekend, night, holiday and other after-hours call coverage on a schedule to be set by Adfinitas. Call may include holiday phone coverage.

Summer Vacation (Memorial Weekend-September 30th)

Please submit these requests by April 1st- any submission after April 1st for time off during these months may not be approved. Vacations longer than a week during popular times cannot be assured. We would like for all providers to have a chance to take time off in the summer therefore leave for each provider will be limited to a reasonable amount.

Fall/Winter Holiday/Vacation Time Off (Including Thanksgiving, Christmas and New Years Eve)

These requests should be submitted by September 1st. Holiday/Vacation time off submitted after September 1st may not be considered. In an effort to allow many providers to have some time off during holidays, each provider can only have additional time at one winter holiday. Ex: Thanksgiving, Christmas, or New Years. Only two days can be granted contiguous with one of these holidays. Again, these restrictions are meant to ensure that many providers can have a day or two off at the holidays, rather than a small number of people take multiple days. The providers not granted time off for a requested holiday will be given priority the following year.

The Friday after Thanksgiving is NOT a holiday. All facilities must be staffed this day as a four day gap in on-site providership does not meet our standard of care.

Policy for Transfer of Patients from SNF/ LTC to ED

Best practices when transferring patients from nursing facility to ER includes review of advanced directives/MOLST, provider to provider communication and continuous performance improvement.

REVIEW MOLST

Ask nurse to review front and back of MOLST prior to decision to transfer patient to ED.

CALL EMERGENCY DEPARTMENT

Provider to provider phone calls are expected to occur when sending a patient to the ER. ER Phone numbers, if available, are listed on the Post Call template

Providers may contact the ED physician via phone or secure text if that option is available. Communication should include a detailed sign out for patient being sent out, give the reason for the transfer and under what circumstances patient could return to center.

We believe that re-hospitalizations can safely be reduced by helping to narrow the focus of ED evaluations.

COMPLETE SNF to ED TRACKING TOOL

Adfinitas would like to collect data to demonstrate that these best practices are being followed.

ED tracking survey should be completed for each transfer to ER. This is the link:

https://mdics.co1.qualtrics.com/jfe/form/SV_eeZqEjerkm8rilt

Please save this link to your phones. The survey can be quickly completed while on the phone with facilities. A report of the survey results will be emailed to providers on a regular basis.

Thank you for your compliance with these policies as we all strive to deliver quality care to all of our healthcare partners.

I, _____ (name) have read, understand, and agree to the responsibilities set forth to me by Adfinitas Health Post- Acute, LLC on this day _____ (date).