EDUCATION PROGRAMS FOR STAFF

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<th>NHPCO Standard(s): CES 13.1; CES 16.2; WE 1.7; WE 4.5; WE 4.6; WE 5; WE 5.2; WE 5.4; WE 6; WE 6.1; WE 6.2; WE 7.2; WE 8.3</th>
<th>Policy #: HPH-124</th>
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<tr>
<td>Regulatory Citation(s): 42 CFR(COPs) 418.100g, 10 NYCRR, Article 9, Section 793.5 (i)</td>
<td>BOD Review/Approval 10/13/16</td>
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POLICY

High Peaks Hospice & Palliative Care, Inc.’s (HPHPC) will provide education for staff, including volunteers, based on the HPHPC’s mission and values and in compliance with the standards set forth by all state and federal regulatory agencies. HPHPC is committed to providing education programs that enhance quality and foster recruitment, retention, development, and continuing education for staff.

A. HPHPC is committed to providing annual in-service education programs, which enhance quality, develop, and maintain staff skills. To meet this commitment, HPHPC provides periodic voluntary and mandatory training, and maintains documentation of participation for all staff.
   1. Each HPHPC Office will offer periodic in-service education opportunities directed at addressing identified needs and at furthering the hospice-related education and training of all staff.
   2. Direct patient care staff will attend in-services, which will be presented at each Office according to staff needs.
   3. Special attention will be given to state-of-the-art issues in hospice care, palliative care, ethics, pain control and symptom management, psycho-social and spiritual issues related to death, dying, and bereavement, assessment, communication skills, stress management, confidentiality, policies and procedures, and areas of special education related to current cases or patient care issues in that Office.
   4. All employees will be required to complete annual in-service training through a computer based system.
   5. Attendance at in-service training is mandatory for all staff.

B. To assist new employees in adjusting to the organization and to their new position, HPHPC provides an Orientation Program. This program provides information and explores the Mission and Values of HPHPC and how they relate to the individual. All employees are required to complete this paid Orientation Program within their probationary period of three months.
   1. New employees will begin the Orientation Program in the Administration Office as their first day of employment.
   2. Volunteers will attend orientation and training prior to being assigned to a patient as determined by the Coordinator of Volunteers (See Personnel Policy “Volunteers HPH-145” for further information.)
C. To the extent feasible, HPHPC will enable staff to participate in community and regional, educational opportunities related to hospice and to the competency area of the staff involved. HPHPC recognizes the value of active participation in appropriate professional associations and continuing educational activities outside the immediate organization.

1. Educational monies will be allocated for educational needs as approved by the Executive Director in consultation with the Business Office.

2. Staff may request to attend educational programs that are related to their job description subject to approval by the Executive Director.
   a) No more than 2 days will be authorized to attend these programs.
   b) Any employee requesting paid conference days to attend educational programs or in-services will be required to provide a staff information in-service.
   c) Staff must be employed for a minimum of six months prior to attending external training or seminars that are paid for by HPHPC.

D. HPHPC is responsible for the clinical competency of its direct care staff, including volunteers.

1. Supervisors will assess routinely and annually the competencies of direct care staff and provide educational opportunities, including in-service education programs, to maintain and improve the clinical competencies of all staff.

2. All employees will demonstrate basic competency in their designated scope of service and practice. This will be accomplished by, but not limited to:
   a) New staff completing a probation period
   b) All staff having competencies evaluated annually (See Personnel Policy “Competency of Hospice Care Providers, HPH-110” for further information.)

E. Each HPHPC office will have a designated Educational Resource Center to provide a detailed organized system of required baseline resources that are consistent at all sites.

1. These resources will be in addition to site-specific resources that cover site-specific safety and fire instructions and site-specific community and interagency resources.

2. The Resource Center will provide relevant health literature and resources upon which newly hired employees can draw from to complete their required orientation program.

3. The Resource Center is a foundation for providing guidelines and performance improvement for all staff.

DISCLAIMER: This policy does not supersede the doctrine of employment at will. This policy and its procedures are subject to the discretion of HPHPC management.
PROCEDURE

A. ORIENTATION OF NEW EMPLOYEES

1. The Administrative Office staff meets with new employees on their first day of employment.
   a) The Business Office provides an individualized explanation of available benefit programs, provides necessary enrollment applications, and time sheet and leave information as it pertains to the individual employee
   b) The Development Coordinator will create an identification badge for the new employee.
   c) All other Administrative Staff will provide program specific information to new employees.

2. The employee's supervisor will ensure that the employee receives a specific orientation, which includes information on work environment, duties, policies addressing attendance, dress, etc.; and site-specific safety procedures.

3. The Orientation Checklist should be completed by the supervisor and returned to the Business Office with the Introductory Period Performance Evaluation and signed documentation for inclusion in the employee’s personnel file within three months of the employment start date.

4. All initial in-service tests should be completed within 30 days. The supervisor should review the in-service tests with the new employee prior to sending them to the Business Office.

B. TRAINING REQUIREMENTS

1. In-services Education Training
   a) Attendance at in-services is mandatory as directed by the Patient Care Coordinator (PCC) or employee’s supervisor. Topics include those of interest and relevant to hospice care. The PCC will work with each team to schedule and conduct in-services. Outside speakers and videos may supplement the in-service program.
   b) Completion of annual in-service training is required.

2. As a minimum HPHPC direct patient care personnel shall meet the following requirements:
   a) Any deficiencies identified through supervision or annual evaluation will be addressed as specified in written recommendations concerning content and timeliness. The cost of providing such education and training will be borne by HPHPC.
   b) Direct patient care employees will attend at least eight (8) in-service education sessions each year. These hours may include the HPHPC provided annual and periodic in-services, or any educational experience
approved by the supervisor (e.g., outside conference, workshop, coursework, etc.). The supervisor must document attendance as part of the employee’s annual evaluation. Volunteers will attend training per the “Volunteer Policy, HPH-145”.

c) Per diem, part-time, and on-call staff in-service education requirements will be pro-rated based on their hours of service.

d) Contracted staff from affiliated agencies will complete HPHPC in-service education as specified in the contractual arrangement between HPHPC and the affiliated agency.

e) Hospice Aides require 12 hours of annual in-service education (refer to “Home Health Aide Services CP229”).

f) Staff must be employed for six months prior to attending external training or seminars that are paid for by HPHPC.

3. Continuing Education:
   a) Personnel who desire to attend outside educational programs must submit a request to the supervisor.
   b) Approval by the Executive Director or supervisor is required.
   c) A certification of attendance will be submitted to the Business Office for filing in the personnel record after training is completed.
   d) An in-service for the staff may be conducted by the attendee

C. DOCUMENTATION OF TRAINING ATTENDANCE

1. In-service topics and attendance will be maintained by the PCC/supervisor or designee at each HPHPC Office.

2. Information on education programs held at each site will be reported on the monthly report by the PCC to the Executive Director

3. Participation in in-service education programs and staff continuing education will be documented in the personnel record in the Business Office.

D. IDENTIFIED ANNUAL MANDATORY IN-SERVICES

1. All Staff
   a) Code of Ethical Behavior/ Mission Statement
   b) Conflict of Interest
   c) Standards of Conduct
   d) Scope of Services
   e) Complaints and Grievances/Employee Problem Review
   f) Compliance
   g) Computer Use
   h) Confidentiality and Confidentiality of HIV Information
   i) HIPAA Privacy/Security
   j) Sexual Abuse/Sexual Harassment/Workplace Violence
k) OSHA: Rights/Emergency Action Plan/Fire Prevention/Hazardous Material
l) Winter Driving
m) Dress Code
n) Infection Control Program
o) Quality Assessment and Performance Improvement (QAPI)
p) Whistle Blower
q) Defensive Driving

2. Clinical Staff
   a) Advance Directives
   b) Competency of Hospice Care Providers
c) Ethical Issues: Consultation & Resolution
d) Reporting Patient Abuse
e) Incident Reporting
f) Patient Bill of Rights
g) Nurse Bag Technique
h) Safety - Patient Homes
i) Use of Cleaning Agents
j) Sensory/Aging

E. EDUCATION RESOURCE CENTER
   Each office will designate an area known as the Resource Center. The Resource Center will include, but not be limited to, the following:
   ➢ Personnel Policy and Procedure Manual
   ➢ Clinical Policy and Procedure Manual
   ➢ Orientation Manuals
   ➢ Nursing Procedure Manual
   ➢ Job Description Manual
   ➢ Peter Kaye “Symptom Control in Hospice and Palliative Care”
   ➢ Lippencott Manual of Nursing Practice
   ➢ Recent Physician’s Desk Reference
   ➢ Pediatric Medication Reference Book
   ➢ Mosby’s Nursing Drug Reference
   ➢ Stedman’s Medical Dictionary
   ➢ Patient Teaching Booklets
   ➢ Hospice Code of Ethics from National Hospice & Palliative Care Organization (NHPCO)
   ➢ NHPCO Standards for Social Work Practice
   ➢ NHPCO Medical Guidelines for Determining Prognosis
   ➢ Diagnosis for Mental Health
   ➢ List of community resources and agencies specific to each County

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