

DIRECT CARE WORKER GUIDE

(PERSONAL ASSISTANT/HOMEMAKER OR EMPLOYEE)

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IMPORTANT CONTACTS	NAME AND PHONE
Agency or Resource Consultant (Personal Options) Phone Number	
RN Name and Phone:	
Agency After Hours Phone Numbers:	
Other:	

WHAT DOES IT MEAN TO BE A GOOD DIRECT CARE WORKER?

Disclaimer

This is a guide for direct care workers to follow. This guide will help the worker have a better relationship with the member. It sets professional guidelines. It does not replace other rules or standards already in place at your agency. Always refer any questions or concerns to your agency or Resource Consultant. Within this document, "member" may also mean "client or care receiver".

INTRODUCTION

A good direct care worker is the backbone of the agency. As a direct care worker, you play an important role as a communicator between the agency and the member. The worker makes sure that the member's needs are met. Services that the worker provides must follow the directions on the member's plan of care.

> Example: Assistance with bathing in the morning, going to the grocery store on Friday or assistance with buttons/snaps for dressing. A good worker will update the agency about what is working or not working for the member so changes can be made when necessary.

It is important for a direct care worker to be prompt, consistent, eager, flexible, and have a willingness to learn. These traits help to ensure a smooth transition for both the direct care worker and the member. The member needs to know that you can be relied upon even if he/she is having a bad day. If the member has no other outside support, you may be the only thing standing between living an independent life in the comfort of home or going to a nursing home.

PERSON CENTERED CARE



Person Centered: Being "person centered" means that you pay attention to the member's preferences in his/her daily life. Respect the member's dignity and choices. Have ongoing communication between you, the member, and the agency. Person centered planning begins when the member meets with the nurse and case manager to develop his Service Plan and Plan of Care. He tells the nurse or Case Manager what is needed and when it needs to be done. You must follow the directions on the member's Plan of Care when providing services to the member.

Things to remember with person centered care:

1. **Getting to Know the Member:** The direct care worker should build a relationship with the member. You are in the member's home because of medical issues but do not define the member by their medical issues. He/she is a person and as a person deserves respect. Getting to know the member is not about becoming "best friends". It's about understanding the member's perspective and needs. Do not share your own problems with the member. It is your responsibility to focus on the member's care while you are in the home. The member needs to know that your only concern is their well-being.

2. **Teamwork:** As a direct care worker, you are the main contact between the member and the agency. Part of your responsibility is to communicate to the agency any problems or changes in the member's needs. Communication between the member, the direct care worker and the agency ensures that everyone is on the same page. When everyone is working together, you reduce the chance of unnecessarily repeating tasks and misunderstandings. This helps the direct care worker to have a positive and professional attitude for the member. It communicates that he/she is in good hands.

3. **Accessibility:** Focus on meeting the member's needs by being sensitive to the member's cultural views, values and preferences. Be flexible. This could be as simple as the kind of food the member likes. You are not there to change the member or their way of doing things. Your job is to help the member do things their way as much as possible (provided it is within policy requirements). When in doubt, discuss any issues with the nurse or Resource Consultant.

EXAMPLE: *Mrs. Kerry likes eggs, bacon and biscuits for dinner, because this is what her mother used to cook.*

Do Not Say	Do Say
That's breakfast food. I'll fix chicken and rice instead.	I've never heard of that but it sounds good.

In the first response, the worker is telling the member what she should and should not like. The second response lets the member know that even if you do not know about certain traditions or values, you respect those of the member.

4. **<u>Information and Choice:</u>** Make sure the member has a choice by offering the member correct and complete information. This may include issues that occur in the agency. It could even include your absence from work on a particular day. In other words, it is not enough to simply relay the information. It is important to make sure that the member understands that information.

EXAMPLE: *Mrs. Kerry has a doctor's appointment scheduled for Wednesday, and you will not be at work on Wednesday*.

Do Not Say	Do Say
I will not be here Wednesday.	I'm sorry. I will not be here on Wednesday. Would you like me to call the agency to see who is coming?

First, you explained to Mrs. Kerry that you will not be there. You offered to call the agency so she knows who is coming into her home on Wednesday (some people are not comfortable with strangers coming into their home).

5. **<u>Home and Community</u>:** As a direct care worker, you can help remove any roadblocks the member may find while trying to live an independent life. When the member has problems with access, in the home or in the community, the case manager can assist you. The case manager can help the member obtain items like, grab bars for the bathroom, a new wheelchair or replace a walker or a cane. It is important to help the member to live as independently as possible.

EXAMPLE: *Mr. Brown uses a power wheelchair. The position of the wheels prevents him from getting close to the kitchen or bathroom sink.*

Do Not Say	Do Say
I put your toothpaste in the medicine cabinet. That's where it belongs.	Where is the best place for your toothpaste?

Ask the member where he wants things placed, so the member can reach the items he wishes to use (not where you think items should be placed).

PRACTICE GOOD CUSTOMER SERVICE



Unlike other forms of employment, when you are a direct care worker you report to another person's home instead of a business. Practicing good customer service will help you avoid some of the problems that can arise when you work closely with someone in the home. Here are some good rules to follow.

- **BE DEPENDABLE:** Show up consistently. The member needs you to be there. If you cannot make it to a member's home as scheduled, notify the agency in a timely manner, so the agency can locate a substitute worker. When direct care workers do not show up, a member could go without basic necessities like bathing, dressing and in some instances, without eating.

- **BE TIMELY:** Always be on time when you arrive and when you leave. Routine is very important for members. They need to know the direct care worker will be there as scheduled. Failing to arrive on time could upset the member's routine or place him/her at risk. (health and safety).

  Example: *Mr. Wilson is diabetic and usually has breakfast by 8:30 a.m. His worker usually arrives at 8:00 a.m. but today she arrives at noon. Mr. Wilson missed breakfast and says "I am feeling bad." By arriving at noon, the direct care worker may have created a health situation for Mr. Wilson.*

- **SHOW RESPECT:** Always speak with the member as if he or she is like any other person you would speak with during your day. Many of the people that you will be working with are either disabled or elderly or both. Many of us who speak differently to the elderly think we are being respectful. As a direct care worker, you should steer away from words like honey, sweetie, baby, grandma, etc. You should also be careful with the tone that you use.

EXAMPLE: *The worker arrives at the member's home and begins a conversation with the member.*

Do Not Say	Do Say
Honey, how are we doing today?	Good morning, Mrs. Brown. How are you doing today?

- **BE PROFESSIONAL:** It has become quite common to address everyone by their first name. But remember, this is a workplace. You do not know the person well. He/she is not a "friend". When first meeting a new member, you should address the member as Mr., Ms., or Mrs. with the last name. If the member wishes to be called something else, let him/her tell you. Be respectful at all times and make no assumptions. It is very easy

to be too familiar when you are going into someone's home.

THINGS NOT TO DO ON THE JOB



- **Electronics:** Do not use cell phones, tablets or computers (yours or the member's) for your personal business during working hours. This includes texting and playing games. The member is to have your full attention at all times.

- **Selling:** Direct care workers are NOT permitted to sell or suggest the sale of products like Avon, Girl Scout Cookies or personal items to the member. The member's home is your workplace, and you are to treat it as such.

- **Transportation:** Transportation to and from work is your responsibility. Direct care workers are not to ask the member for gas or bus money to or from work. Do not ask the member to purchase tires or pay for car repairs.

- **Personal Information:** Do not give personal information to members, such as your home address, cell or home phone number, email address or agree to become a Facebook friend.

- **Meals:** Members are not responsible for providing meals to workers. Direct care workers should bring their own meals. When the worker is transporting a member to a doctor's appointment or community activity, it is the worker's responsibility to have enough money to pay for the worker's meals.

- **Privacy:** Do not share the member's personal information or medical information with anyone. This includes family, friends and other members with which you may work. Direct care workers must not take the member to the worker's personal home or family home during "plan of care" hours. Nor can they take members to another member's home. The worker must not take his/her own children, spouse, friends or any other family to the member's home.

- **Member Finances:** The direct care worker must not use the member's credit card, debit card, food stamp card or checks from the member's checking account for the worker's benefit. Members are not to pay for anything for the worker. This includes borrowing money or using credit cards to establish cable services for the worker. It is not recommended that the direct care worker have possession of the member's credit, debit or food cards, unless the member is present. All checks in the possession of the direct care worker should be completely filled in with the person or business the check is for and the amount. Keep all receipts in a safe place and document. A Direct care

worker should never be in possession of a blank check. This protects the worker and the member.

- **Paperwork:** The direct care worker should complete documentation daily. The worker should submit the documentation to the agency on time. Documentation should reflect the actual work and duties performed. NEVER sign the member's name or initials (even if the member gives permission). The worker must not be the Medical Power of Attorney (MPOA) or the Durable Power of Attorney (unless it is a son, daughter or other close family member). The worker must not be the beneficiary of a member's insurance. The worker cannot be a receiver of money, property or goods from a will. Direct care workers cannot be placed on the member's bank or credit card accounts. Workers cannot use the member's credit or debit card to set up a utility, cable, satellite, phone or internet for the worker's benefit.

- **Visitors:** It is not appropriate for the worker to take the worker's family members or friends into the member's home or for the worker to take the member to his/her own personal home. The worker must keep the member's information confidential and provide care only to the member during the "plan of care" hours. Do not perform services for anyone else living in the member's home or visiting the member's home (such as a spouse, grandchildren, etc.).

MEDICAID FRAUD

A person can be convicted of healthcare fraud, a felony, in state or federal court for any act related to presenting, or causing to be presented, and a false claim to Medicaid. Examples include billing for services not rendered, such as falsifying homemaker worksheets or mileage reimbursements. Healthcare fraud violators who are criminally convicted can be sentenced to more than one year in federal or state prison and are subject to extensive monetary fines. Civil fraud can result in a civil penalty of not less than $5,000 and not more than $10,000 and a violator may have to pay treble damages or three times the government's loss, plus reasonable attorney fees and costs of litigation. A healthcare worker or provider may also be excluded from working as a service provider in any state or federal healthcare program for several years if convicted of healthcare fraud.

PERSONAL BOUNDARIES



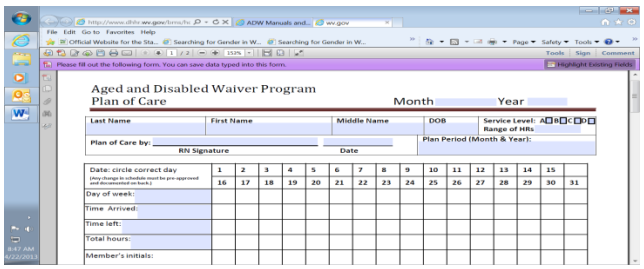
Respect the member's privacy and do not get involved in family issues. You are there for only the member. Stay respectfully neutral on any family issues and do not share any information that the member may have entrusted to you with anyone else in the home. Include the member at all times in conversations with the member's family and friends. In the following example, the second response ensures that the member is included in the conversation.

EXAMPLE: *You are with the member, Mr. Brown, and his son come into the home. He says "I've*

had a bad day. Have you ever had one of those days?"

Do Not Say	Do Say
I sure have. What happened?	You better believe it. How about you, Mr. Brown?

PLAN OF CARE



The plan of care is the most important document that you use as a direct care worker. The plan of care details specific information about the member, such as health and daily activities. It provides instruction and direction for the member's needs. The plan of care helps develop consistency in care, which can be very important, especially with Alzheimer's patients. Regular routines can help people feel more secure.

THE PLAN OF CARE COVERS THE FOLLOWING

- **NEEDS:** Makes sure the member's needs are met
- **ACTIVITIES:** Tells the worker what activities to do
- **HOW AND WHEN:** Directs the worker on how and when to provide the service

HOW TO ENSURE A GOOD START



HAVE A CONVERSATION: Begin with a conversation. A good way to start a conversation is using the plan of care. Take your time, and go over every task, making sure that everything listed is according to the member's preferences and needs. If you notice any inconsistencies, be sure to report these to the agency. Make sure the plan of care is meeting the member's needs. If not, report this to the agency nurse or Resource Consultant (for Personal Options). This conversation gives you the opportunity to get to know the member, so that later on, if something changes you are more aware of it. Take this time to really begin to know the person for whom you work.

Example: *Mrs. Smith, your Plan of Care says you need help with a bath, right? Mrs. Smith may tell you that for the past week, she has been unable to get into the shower. This information should be communicated to the nurse or Resource Consultant.*

NOTICE CHANGES: Any issues you find with the plan of care need to be reported to the agency as soon as possible. While speaking with the member, take the time to look at her. Is she speaking clearly? Is she understanding and following the conversation? Does she have any noticeable marks or bruises on her body?
Any changes in the member's behavior, changes in needs, marks/bruises, memory, or change in the member's ability to follow a conversation should be reported to the agency nurse or the Resource Consultant.

Example: *Mrs. King is unable to lift her left hand to assist with brushing her hair. Yesterday, she could lift her left hand above her head. This is a change from the day before. Report this change to the nurse or Resource Consultant.*

BE PREPARED: This is also a good time to go over the member's backup plan, which will be discussed later, that addresses emergencies, substitute direct care workers, and availability of informal supports (family or friend who helps him/her when you are not there).

REPORT: Report any issues, problems or needs to the agency nurse or Resource Consultant

CREATING A SAFE SETTING

The first part of creating a safe setting is to follow the member's plan of care, making sure all the physical needs are met. Pay attention to any changes with the member's physical and/or mental well-being. Document falls or bruises (even if they happened when you were not there). It is important to know the signs of abuse and neglect and how to report them.

The member's home setting should be one in which the member is comfortable, safe, and free of abuse. It is also the member's responsibility to keep the home safe for the worker. Report any safety issues to the nurse or the Resource Consultant.

If another agency employee is intimidating, harassing, harming or threatening the member, it is important to report this to the agency or to the Bureau of Senior Services' toll free number at 1-866-767-1575.

1. **MEMBER SAFETY (ABUSE, NEGLECT OR EXPLOITATION):** If you notice any harm or threat of harm, report it to Adult Protective Services (APS) at 1-800-352-6513. Other incidents that should be reported are situations where the necessities of life are not being provided with the intent to threaten the physical harm of your member. This means that the member is not receiving food, shelter or medical care. You should also report any illegal use or wasting of your member's money, property, or assets and anyone who allows it to happen. You

should notify your agency.

2. **RESPONSIBLE CARE:** Another way of creating a safe environment is showing up. You may be the only person the member sees for long periods of time. If a member would fall, your regular visits ensure the member won't go a long period of time without help. Call the agency to let them know what is happening with the member.

3. **DIRECT CARE WORKER SAFETY**: A safe environment is also one in which the worker feels safe. Nobody expects you to work in an environment in which your health or your safety is at risk. Keep in mind that the threat may be coming from the member's family or friends, not the member. If at any time you feel threatened, call your agency and make them aware of the situation. If the threat is immediate, leave the home and then call the agency. Also call 911 when it is appropriate. Unsafe environment examples are:

    - being physically or sexually assaulted
    - use of illegal substances in your presence or in the home
    - selling or allowing the sale of illegal drugs or prescription medication in your presence or in the home
    - allowing a crime of any nature in your presence or in the home
    - being verbally abused
    - being harmed or the threat of harm

THE BACK-UP PLAN

The back-up plan is an important part of a safe environment. The Back-up or emergency plan should include important phone numbers for the member's informal supports or directions for care when a natural disaster or power outage occurs. If the direct care worker cannot make it to the member's home for ANY reason, the worker should contact the agency. The agency can contact the member and make arrangements necessary for the member's care.

SOLVING CONFLICT



Everyone probably has experienced conflicts in their life at some time. The problem can be how those conflicts are handled. The best thing you can do when this happens is to listen to the member. Listening and communication are the two most important skills we can use when we are trying to resolve any issue. It is not enough to just hear what the member has to say; you need to let him/her know that you understand what is being said. When dealing with conflict, remember the following two steps:

1. **Communicate and listen**
2. **Ask how you can help**

Sometimes conflict occurs without any obvious reason. Change in a member's routine or replacing the previous worker can be reasons for conflict. ALWAYS report any conflict to the agency or the Resource Consultant.

Good Match: For no particular reason, a worker and member may not be a good match. If you experience this kind of situation, notify the agency, so the nurse can be aware of a potential issue. It can be difficult for a member to have a new worker. First, give the member and yourself time to get used to each other. Contact the agency with any continuing problems. Some relationships take time.

CRISIS MANAGEMENT

911 EMERGENCY: It is important as a worker to understand how to react in an emergency. It is hard not to panic when you are involved in a fire, see a crime or see the member injured. The first thing to remember is **STAY CALM**. You cannot help the 911 operator if you are upset and talking quickly. Take a deep breath. Try your best to stay in control. The member depends on you to set the tone. If you don't panic, chances are the member won't either.

CRISIS SITUATIONS

There may be times where you may go into a member's home and find a member not her "usual self." Sometimes what starts off as a small problem can become a crisis situation. In order to prevent a crisis, you need to understand how a crisis can develop. In addition to a member crisis, a worker may find a crisis situation with the member's family, friend(s) or other informal support(s) in the home.

CRISIS DEVELOPMENT

- **Being Anxious:** If a member seems anxious or more anxious than usual, you should be supportive. Listen to the member. Avoid telling the member how to feel. Try not to think or act like the member is just a complainer. Many times listening and being respectful can stop a crisis in its tracks.

- **Being Defensive:** To be defensive means that the member refuses to accept your support. You may arrive after a problem has already begun. The member may become less rational or not make sense. When a person is defensive, he can be very hostile or angry. The member may challenge you and the agency. It may get personal. Again STAY CALM. You cannot diffuse a situation if you are out of control.

- **Setting Limits:** To set limits, you must make sure that you are specific and your words

are clear. Limit your words. It must be reasonable and it must be something you can do.

Example: *"Mrs. Brown, please do not yell at me while I am putting the dishes away".* You want to set limits with the member and make sure the member understands what happens next (or the consequences of her behavior). It is up to the member.

Example: *"If you continue to yell at me, I am going into the living room to give you a few minutes."* Try to avoid a power struggle. At times, it could be necessary for you to leave the room or even the home, but stay close to a door or window so that you can still monitor the member. Be safe, and give the member space to calm down.

- **After a Crisis:** After the crisis, the member may feel scared, embarrassed; or experience fear or shame. Often, the member will talk first. Reassure them that they are safe (particularly with a member who has Alzheimer's or dementia). Ask him/her to take a few deep breaths. Get the situation back to normal as soon as you can. Report the incident to the agency nurse or the Resource Consultant (for Personal Options).

NONVERBAL COMMUNICATION

At least half of communication is nonverbal. This means that we do much of our talking with our bodies. Therefore, it is important to pay attention to the member's body language. If you notice that he/she is fiddling with their hands more than usual or is shaking his/her legs this could mean the member is feeling stressed about something. Being aware of this can help you stop a problem before it escalates. Focus on three areas: Personal space; body posture and motion; and voice.

- **Personal Space:** member in crisis may view you as a threat if you stand too close. Make sure you provide the person with plenty of space. Look for clenched fists, tightening of facial muscles and movement away from you when you step toward him/her.

- **Body Posture and motion:** shouldn't stand face to face or shoulder to shoulder. These are threatening stances. Instead stand at an angle with a leg length away. Keep your hands at your side and in plain view, so you are not perceived as a threat.

- **Voice:** careful how you speak to a member in crisis. Stay calm and speak clearly. Watch the member for nonverbal cues and respond accordingly.

- **Get Low and Go Slow:** on her level. If she is seated, you sit. Extend your hand. Take your time and make her feel comfortable.

CULTURAL DIFFERENCES

Another area in which conflict may arise is cultural differences. As a direct care worker, you need to be able to work with individuals from different cultural and ethnic backgrounds. Cultural sensitivity means that you have an understanding of the cultural differences between you and the member. A member may be from another country or just from another area of the state.

We all bring with us our own backgrounds and histories. We have all had unique experiences and things that make us feel comfortable. Keep this in mind when providing service. It is important to respect the differences in all of us.

Be aware of your own ideas or biases. We all have our own individual beliefs. No one thinks the same way that you do. This is one of the hardest things to tackle. You may disagree with the belief or action of the member. It is not acceptable to express that to the member. You may not make member feel unwelcome or uncomfortable through your words or actions. It is their home and you work for them. To be a successful direct care worker, you need to work through your own issues and learn to accept the member as he/she is rather than try to change the member.

SUMMARY

To be a good direct care worker, remember the following five steps:

- be respectful and professional at all times
- be prompt and responsible (show up, timely coming and going)
- Follow the member's plan of care and document accurately the service you provided
- Keep an open line of communication between you, the member and the agency
- Report any changes or problems to the agency nurse or Resource Consultant

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PEOPLE FIRST LANGUAGE

The following is a chart of words “not to say” and words to “say”. Remember to treat people as people first.

DO NOT SAY	DO SAY
“Victim of” or “Suffering from”	“Has” or “With”
Old Person, Disabled	People, Individuals, Person who is older(or elderly); Person with a disability
Diabetic, Quad, a CVA	A Person who has (whatever condition)
A behavior problem, problem member	Person with behavioral symptoms or person with a mental illness
Agitated	Active or Communicating Distress
Grandma, Sweetie, Honey, Old Timer, “Girls”	Person’s Name (Mr. or Mrs.)
A Wheeler or a Walker	People who Use a Wheelchair or a Walker
Diaper	Pad, Brief, Disposable Brief, brand names, incontinence garment
Problem	Challenge or Opportunity
“You need to”	“Would you like to?”
“Sit down. You’ll Fall”	“Would you like to take a rest?” *
Confined to a Wheelchair	Uses a Wheelchair

*not original language

Edited for Direct care worker specific to this guide from:

Schoeneman, Karen. "The Language of Culture Change." PioneerNetwork :. Pioneer Network, n.d. Web. 25 Mar. 2013.

ACKNOWLEDGEMENT OF RECEIPT OF THE DIRECT CARE WORKER USER GUIDE

I, _____, have received a copy of the Direct care worker User Guide.

The agency or Resource Consultant has reviewed the User Guide with me and responded to my questions regarding the guide (Resource Consultant for Personal Options members).

I understand that any further concerns, questions or issues that arise must be reported to the agency nurse or the Resource Consultant (for Personal Options).

I am committed to following this guide as I provide quality services to the members that I serve.

Date: _____ **Agency Name/Location:** _____

Date: _____ **Agency Nurse:** _____

Date: _____ **Resource Consultant:** _____

Date: _____ **Homemaker:** _____