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PURPOSE:

- Attendance and punctuality are critical to patient care and efficient business operations; however, it is understood that there will be times when you are unable to make a previously confirmed visit due to illness, car trouble, etc. To ensure that timely and consistent care, treatment, and services are provided to the patient population served by Helms Home Care, LLC, this policy is designed to ensure consistency and fairness.

DEFINITIONS:

- **Absence:** any episode in which a staff member is scheduled to provide patient services and is unable to do so at the scheduled time.
- **Occurrence:** If there are multiple visits scheduled in one day or if a single infusion spans multiple days, a call out for that day/days is considered a single occurrence.

POLICY:

- Clinical staff shall communicate any absence or tardiness to the Agency immediately upon knowing such will occur.
- Each occurrence of Absenteeism and/or Tardiness will be documented.
- **Excessive Absenteeism and/or Tardiness as determined by management** may result in disciplinary action such as restrictions in the ability to add new patients to a caseload, suspension from patient care, up to and including termination, and may have an adverse effect on a staff member's opportunity for wage increase, transfer request, promotion, or continued employment.

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Excused / Non-Recorded Absence: If the agency is notified at least 48 hours prior to a scheduled visit, that they will not be able to complete the visit, it is considered an Excused / Non-recorded absence. If the staff member can reschedule patient services for another suitable date & time or schedule services with another qualified staff member, within an acceptable time frame it is considered an Excused / Non-recorded absence.

- Absences in which a staff member reschedules services with self or another staff member must be communicated to the Agency at the time it is rescheduled to ensure the coverage is suitable and so that the patient’s calendar can be updated accordingly.
- Excused / Non-recorded absences are not documented in the employee file

Unexcused Absence: If the agency is notified less than (within) 48 hours prior to a scheduled visit, that they will not be able to complete the visit, it is considered an Unexcused Absence. If there are multiple visits scheduled in one day or if a single infusion spans multiple days, a call out for that day/days is considered one (1) occurrence/absence.

- Unexcused Absences are recorded in the employee file with notes regarding specific circumstances.
- An Unexcused Absence may be re-classified as an Excused Absence at the discretion of the Agency

No Call / No Show Absence: Absence for a confirmed visit that is not communicated to the Agency.

- A No Call / No Show absence is grounds for immediate termination upon **any** occurrence.
- A No Call / No Show absence may be re-classified as an Unexcused absence at the discretion of the Agency if the staff member is able to provide written documentation regarding the reason for their absence that reflects the **inability to contact** and advise in advance of the impending absence.

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Tardy Arrival: Any arrival to a patient's home after the confirmed visit time range.

- Visits should be confirmed with a minimum 30-minute to one-hour arrival window. For example, instead of confirming a visit for 9a, we communicate to the patient to expect nurse arrival between 9a - 10a to allow for unforeseen circumstances that may affect your estimated time of arrival.
- When a nurse realizes arrival time will be outside of the confirmed window, the patient should be notified immediately and given an updated arrival time. If the nurse is unable to reach out to the patient, they should contact the Agency immediately so that a Care Coordinator can notify the patient.
 - Notification must be made **prior** to the confirmed arrival time to both the patient and the Agency. Provided both are notified in advance of late arrival, it is not considered a Tardy Arrival occurrence.