

PACE TRAINING:

Program of All-Inclusive Care for the Elderly

PACE is a different type of program. It's like an HMO that has one location. For the most part, services are provided in the PACE Center. And PACE has busses that take the participants there. But we (Reliacare) provide a component in the participant's homes.

- PACE uses a Group: the Inter-Disciplinary Team (IDT) will provide coordinated care (Doctor, nurses, case managers, etc). They have case conferences about each participant monthly.
- PACE Eligibility: (Enrollees are called participants by regulation)
 1. Participants must be 55 years of age or older
 2. Be Nursing Facility Level appropriate
 3. Live in the service area
 4. Able to remain safely in the community, usually their own homes with PACE support

According to PACE program guidelines, a CNA should utilize the PACE On Call 989-272-7610 instead of 911.

- Examples of when the PACE oncall should be used instead of 911:
 - Fever of over 100.3.
 - Significant mental status changes
 - Falls with injury
 - Vomiting/diarrhea, 4 episodes in a row
 - Sudden onset of chest pain and/or shortness of breath
 - Significant high or low blood sugar
 - Symptomatic high or low blood pressure
- When calling the PACE oncall, be able to answer:
 - what are the symptoms and when did they start
 - what are the participant's current vitals
 - what have you tried so far
 - Does the participant have a history of this
 - Do you know what medications the participant has taken today
- Aides should report to the office when:
 1. extra training for the Aide is needed regarding the use of a participant's equipment
 2. If a participant's equipment needs repair or new equipment
 3. changes/decline of participant's transfers/daily activities ability
- A Grievance- is a complaint, either verbal or written, expressing dissatisfaction with the delivery or the quality of the care provided by PACE and Reliacare aides.

PACE Test

Name: _____

Date: _____

1. What does the acronym PACE stand for?
 - a. Plan A Community for the Elderly
 - b. Program for All Complex Elderly
 - c. Program of All Inclusive Care for the Elderly
 - d. Plan, Act, Check, Evaluate

2. A grievance is:
 - a. A formal written complaint about a denial of services or termination of services
 - b. A verbal or written complaint, expressing dissatisfaction with a service
 - c. A written intent to leave the PACE program
 - d. A complaint from one participant about another participant

3. A participant tells you that the Home Care Aide came to her apartment 2 hours late and did not have time to help with her shower and left the wet wash in the laundry room.
 - a. Write an Appeal and send it to the state
 - b. File a grievance on the participant's behalf
 - c. Ignore the complaint since you know the home care aide is going through a divorce
 - d. Ignore the complaint because the participant complains about something or other nearly every day.

4. According to PACE program guidelines, a CNA should utilize the PACE on call (instead of 911) when:
 - a. Fever of over 100.3.
 - b. Significant mental status changes
 - c. Falls with injury
 - d. Vomiting/diarrhea, 4 episodes in a row
 - e. Sudden onset of chest pain and/or shortness of breath
 - f. all the above are reasons to call the on call: 989-272-7610

5. When calling the PACE oncall, you should be able to answer:
 - a. what are the symptoms and when did they start
 - b. what are the participant's current vitals
 - c. Does the participant have a history of this
 - d. Do you know what medications the participant has taken today
 - e. All of the above

6. Regarding PACE participants, it is appropriate to report:
 - a. extra training for the Aide regarding use of a participant's equipment
 - b. If a participant's equipment needs repair
 - c. changes/decline of participant's transfers/daily activities ability
 - d. challenges with daily care
 - e. All of the above