Home Health Accreditation

An Interactive Training

Bobbie Warner RN, BSN
Director of Education

CHAP Community Health Accreditation Partner

CHAP Standards Overview

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Activities

- Access of Standards
- Revision Table
- New version
- Seek and Find Activity

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Patient Centered Care (PCC)

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Elements of the Patient Bill of Rights

- Be informed and exercise their rights
- Treated with respect
- Free of neglect, abuse of any kind
- Report grievances
- Be informed of and consent to care in advance including
  - Mode of care delivery
  - Assessments
  - Care to be furnished
  - Establishment of plan of care
  - Disciplines that will furnish care
  - Frequency of visits
  - Expected outcomes
  - Changes in care
- Right to receive all services in plan of care
- Confidential record
- Advised orally and in writing payment expectations and any liability
- Charges for services that may not be covered; reduction/termination
- Potential patient payment liability
- Changes related to payment
- Informed how to contact state and CHAP hotlines
- Informed of names/addresses/contact for federal and state funded entities in the area patient resides
- Free from discrimination
- Right to access and how to access auxiliary aides and language services

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Implementation of Standards

- ✓ Complaint process
- ✓ Providing patient informaiton
- ✓ Visit Schedule
- ✓ Financial Liability Information

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Top Findings in PCC

Standard	Content	CMS Tag
PCC.2.I.M1	Right to be advised regarding financial payment information orally and in writing (22%)	G440
PCC.2.I.M1	Proper Notice regarding potential non-covered care or agency reduction or termination of care (18%)	G442
PCC.2.I.M1	Provision of Federal/State Agency Information (17%)	G446
PCC.2.I.M1	Be informed of and participate in care and services (13%)	G434

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- Correct verbiage/ Individualized to your agency
- Periodically check the contact numbers
- Implementation as well as verbiage
- Talk to patients
- Think outside of the box
- Process for addressing any common language barrier

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Assessment Planning, and Coordination (PCC)

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Comprehensive Assessment

Demographic Information/Medical History/Allergies	Patient's Representative as applicable
Strengths, goals, care preferences, measurable outcomes	Current health/psychosocial/functional/cognitive status
Systems review	Medication review
Activities daily living/need for home care/living arrangements	Emergency care use/data items inpatient facility admit/dschg
Medical equipment	Caregiver availability/willingness, schedules
Medical/nursing/rehab/social and d/c planning needs	Plan in the event of natural disaster

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Plan of Care of Elements

All pertinent Diagnosis	Patient care orders, including verbal orders
Mental/psychosocial/cognitive status	Types of services/supplies/equipment required
Frequency and duration of visits	Mode of care delivery including telecommunications
Prognosis and rehabilitation potential	Functional limitations/activities permitted
Nutritional requirements/food and drug allergies	All medications and treatments
Safety measures to protect against injury	Description of risk for emergency department visits
Necessary interventions to address risk factors	Patient and caregiver education to facilitate discharge
Patient-specific interventions and education	Measurable outcomes and goals
Advance directives information	Additional items determined by allowed practitioner

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Top Findings in APC

Standard	Content	CMS Tag
APC.7.I.M2	Required Elements of the Plan of Care	G574
APC.8.I.M3	Provision of written instructions	614/616/618 620/622
APC.11.I.M3	Timely D/C & transfer summary includes all elements	G1022
APC.6.I.M1	Required elements of the Comprehensive Assessment	G536
APC.7.I.M7	Minimum review by physician is 60 days. Includes progress	G592/588

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Written Instruction

1. Visit schedule
2. Patient medication
3. Any treatments
4. Other pertinent instruction
5. Name and contact information

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Transfer/Discharge

The primary care practitioner or other health care professional who will be responsible for providing care and services to the patient is sent:

1. A discharge summary *five business days*
2. Transfer summary *within two business days of a planned transfer*
2. Transfer summary *within two business days of becoming aware of an unplanned transfer*

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Transfer/Discharge

Content of the summaries will include:

- **Current course of illness and treatment**
- **Post-discharge goals of care**
- **Treatment preferences**
- **Additional clinical information as may be necessary**

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- Focused audits
- Use of templates
- Standardized processes and documentation
- Educate staff on alternate assessment components
- Have plan B available for documentation
- Staff to check medications every visit

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Financial Stewardship (FS)

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Institutional Planning

- $ Annual operating budget
- $ Capital expenditure plan
- $ Preparation of plan and budget
- $ Annual Review of plan and budget

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Finding in Financial Stewardship

Standard	Content	CMS Tag
FS.2.I.M2	Governance prepares overall plan and budget	G988
FS.2.I.M5	Annual review and update if the capital expenditure plan	G988

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- Scheduled timeframe for review and update
- Documentation of the meeting
- Ensure appropriate representation

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Care Delivery and Treatment (CDT)

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Top Findings in CDT

Standard	Content	CMS Tag
CDT.7.I.M2	Skilled professionals follow the plan of care/fulfill duties	G710
CDT.7.I.M7	Home Health Aide fulfills responsibilities	G800
CDT.5.I.M2	Verbal orders authenticated and dated within 30 days.	G584
CDT.4.I.M1	Medication/services treatments administered as ordered	G580

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Remote Monitoring

Policies and Procedures:

- Type of Equipment
- Patient Eligibility
- Patient/caregiver education
- Process for delivery and set up
- Troubleshooting
- Data collection
- Storage and cleaning

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Resource Tool – Key Components

Core vs non-core services

Accepted standards of practice

Care is in accordance with plan of care

Professional/aide/homemaker/volunteer

Provision of services
- Pharmaceutical
- Durable medical equipment

Discharge/transfer

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Leadership and Governance (LG)

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Key Points

- Organization Operations
- Governance
- Leadership
- Provision of Services through agreements

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Top Findings in LG

Standard	Content	CMS Tag
LG.4.I.M3	Governance has responsibility for Quality program	G660 G640 CLD
LG.7.I.M3	Alternate Administrator	G954

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Information Management (IM)

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Required Elements of Patient Record

1. Contact information
2. Consent
3. Comprehensive assessments
4. Plans of Care
5. Education and training
6. Physician or allowed practitioner orders
7. Clinical progress notes;
8. All interventions
9. Responses to interventions;
10. Goals and the patient's progress

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Discharge/Transfer

Discharge: 5 business days

Planned Transfer: 2 business days

Unplanned Transfer: 2 business days once aware

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Summary Contents

- Admission and discharge dates;
- Physician responsible for the home health plan of care;
- Reason for admission to home health;
- Type of services provided and frequency of services;
- Laboratory data; Medications at time of discharge
- Patient's discharge condition;
- Patient outcomes in meeting the goals in the plan of care;
- Patient and family post-discharge instructions.

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Top Findings in IM

Standard	Content	CMS Tag
IM.7.I.M2	Timeframe for sending of discharge/transfer summary	G1022
IM.5.I.M2	Entries are legible, clear, complete and include signature & title	G1024
IM.4.I.M1	Availability of patient record	G1030
IM.7.I.M1	Patient record requirements	G1012 G1014 G1010

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Earning CE Contact Hours

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