2022

Standard Resource Tool Packet

HOME HEALTH

CHAP

CHAP Home Health Standards of Excellence
Summary of Patient Centered Care

Standard	Summary of Content
PCC.2.D	Organization develops a written **Patient Bill of Rights**.
PCC.2.I	Patients can **exercise** all rights.
PCC.2.I.M1	**Required elements** of the patient's rights.
PCC.2.I.M3	Exercise of rights for patients **lacking legal capacity**.
PCC.3.I	Patients informed of rights **verbally and in writing** prior to care initiation.
PCC.3.1.M1	Informed of Rights in **language and manner** individual **understands**.
PCC.3.I.M2	Rights provided **verbally** no later than completion of **second skilled visit**.
PCC.3.I.M3	**Written notice** of rights to patient and selected representative within required **time frames.**
PCC.3.I.M4	Patient/legal representative **signature** obtained to validate receipt of the Patient Bill of Rights.
PCC.5.I	**Care** and Services are **accessible** to patients.
PCC.5.I.M1	**24 Hour contact** information is provided and Personnel respond per agency policy.
PCC.6.I	**Complaint process** provided verbally and in writing at initiation of care.
PCC.6.I.M1	CHAP and State **Hotline** contact information is provided.
PCC.6.I.M2	Patient and representative informed of **Administrator contact** information.
PCC.7.I	**Complaints** are **documented** and investigated as per policy.
PCC.7.I.M1	Organization **investigates** complaints regarding treatment or care/mistreatment/**abuse**.
PCC.8.I	Suspected instances of **mistreatment/neglect/abuse** are **reporte**d per organizational policy.
PCC.8.I.M1	Personnel report mistreatment, neglect and abuse as required **within 24 hours**.

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Summary of Assessment/Planning/Coordination

Standard	Summary of Content
APC.2.I	**Care** provided in accordance with organizational policies
APC.2.I.M1	Responsibilities of **Clinical Manager**
APC.2.I.M2	**Interdisciplinary team** approach to care coordination
APC.3.I	Defined **Intake** Process
APC.3.I.M1	**Patients** whose needs can be met are **accepted**
APC.5.I	**Assessments** conducted within specified **timeframes**
APC.5.I.M1	**Initial Assessment**
APC.5.I.M2	**Timing** of **comprehensive** assessment
APC.5.IM3	Comprehensive assessment with **OASIS updated as needed**
APC.5.I.M4	**Times for update** and revision of comprehensive assessment
APC.6.I	Each **patient's needs** assessed relative to the services provided by the organization
APC.6.I.M1	**Elements** of comprehensive **assessment**
APC.7.I	Patient's **plan of care** addresses needs identified in the assessment
APC.7.I.M1	Individualized **Plan of Care**
APC.7.I.M2	**Required elements** of the Plan of Care
APC.7.I.M5	Physician notified for any **modifications after evaluation** visit
APC.7.I.M6	**Periodic review** of the Plan of Care by allowed practitioner
APC.7.I.M7	**Review and revised** no less than every 60 days
APC.8.I	Organization **coordinates** care **with patient**
APC.8.I.M.1	Information provided in **plain language**
APC.8.I.M3	**Written instruction** to be provided for visit schedule, medication list, treatments etc.
APC.8.I.M4	**Revisions of POC** communicated to patient, representative, caregiver
APC.8.I.M5	**Coordination involves patient**, representative, caregiver
APC.9.I	**Coordination** occurs among members of **care team**

APC.9.I.M1	**Orders integrated** from all allowed practitioners involved in the plan of care
APC.9.I.M2	**POC revisions communicated** to patient and all physicians involved in plan of care
APC.9.I.M3	All relevant allowed practitioners alerted to **changes in patient's condition** or needs
APC.9.I.M4	**Services** provided directly or under arrangement are **integrated**
APC.10.D	**Policies and procedures** address **coordination** of care and service transitions
APC.10.D.M1	**Policies** document criteria and processes **for transfer and discharge**
APC.10.D.M2	**Policies** include procedures for transferring or **discharge "for cause**"
APC.10.I	**Care transitions** occur with organizational policy
APC.10.I.M1	Patients whose **needs exceed organization's abilities** are transferred appropriately
APC.11.I	Effective **communication** occurs with care transitions
APC.11.I.M1	Agencies must **share quality data** with patients transferring to another organization
APC.11.I.M2	**Discharge plan revisions are communicated** to patients/caregiver/health care professionals
APC.11.I.M3	**Timeframe and content** required for discharge/transfer summaries

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Summary of Care Delivery and Treatment

Standard	Summary of Content
CDT.2.I	Care and Services provided are within the **scope of the organization's** services.
CDT.2.I.M1	Nursing and one other **qualifying service** is provided by the organization.
CDT.3.I	Personnel follow **established standards of practice** within the scope of their license.
CDT.3.I.M1	Services provided in accordance with **clinical practice guidelines**.
CDT.3.I.M2	**Patient's equipment** is not substituted with agency equipment for self-administered tests.
CDT.4.D	**Policies** and Procedures are in place for acceptance, documentation/authorization **of orders**.
CDT.4.I	**Orders for services** are obtained prior to provision of care.
CDT.4.I.M1	**Medications**/services/treatments administered per orders.
CDT.5.I	Orders are **accepted, signed and dated** by authorized personnel.
CDT.5.I.M1	Verbal orders are **documented** in accordance with state law and agency policy.
CDT.5.I.M2	Verbal orders **authenticated** and dated within 30 days of order issued.
CDT.7.I	**Care** and Services provider **according to the plan** of care.
CDT.7.I.M1	**Qualified professionals supervise** skilled professional services.
CT.7.I.M2	**Responsibilities** of skilled professionals.
CDT.7.I.M3	Provision of **outpatient therapy**.
CDT.7.I.M5	**Written instructions for Home Health Aide.**
CDT.7.I.M7	**Duties** of the Home Health Aide
CDT.9.1	Ongoing **education** to patients/caregivers.
CDT.9.I.M1	**Patient education requirements**.
CDT.10.I	Care is provided per policy and regulation with **supervision documented** and signed.
CDT.10.I.M1	Focus of Home Health **Aide supervision**.
CDT.10.I.M4	**Supervisory visit timeframe** for **Aides** providing care to **skilled** patients.
CDT.10.I.M5	Supervisory visit timeframe for Aides providing care to **non-skilled patients**.
CDT.11.D	Policies and Procedures addressing **remote monitoring.**

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Summary of Human Resource Management

Standard	Summary of Content
HRM.1.D	**Personnel Policies** and Procedures present
HRM.2.D	**Duties, roles, qualifications**, and responsibility for each role
HRM.3.I	Defined **hiring criteria** in accordance with state/federal law and regulation
HRM.4.I	**Credentials and licensure** verified and documented at hire and upon renewal
HRM.4.I.M1	**RN's** are **licensed i**n the state in which they practice
HRM.4.I.M2	**LPN** are **licensed** in state in which they practice
HRM.4.I.M4	**Physician authorized** to practice medicine in the state in which they function
HRM.4.I.M5	**Aides meet all local/state and federal qualifications** by completing appropriate training program
HRM.4.I.M9	**Therapists** are **licensed** in the state in which they practice
HRM.4.I.M10	**Audiologists** meet requirement for certification
HRM.4.I.M11	**Social Workers** and Social Work Assistants have appropriate degrees and experience
HRM.6.D	Personnel participate in **ongoing education** as per state/federal law and organizational policy
HRM.6.D.M1	Personnel participate in organization sponsored **in-services**
HRM.6.D.M2	Home Health **Aides** complete at least **12 hours of in-service** training in a 12-month period
HRM.7.I	Personnel providing patient care demonstrate **competency**
HRM.7.I.M2	Aides are **competency tested** through direct observation and examination
HRM.7.I.M4	Aides **provide care after** successful **completion of competency** evaluation
HRM.7.I.M5	Requirements of an **aide training program**
HRM.7.I.M6	**Practical training** is performed by a RN
HRM.7.I.M7	Who performs **aide competency testing**
HRM.7.I.M8	Addressing a **24-month lapse** in care provision for aides
HRM.7.I.M9	**Requirements for an organization to provide aide training** and competency evaluation program
HRM.9.I	Personnel are appropriately **supervised**
HRM.9.I.M1	**Clinical Manager** availability

HRM.9.I.M3	Skilled **Nursing under supervision of RN**
HRM.9.I.M4	**Therapy** services provided **under supervision of qualified therapist**
HRM.9.I.M5	Supervision of qualified **social work assistant**
HRM.10.I	Personnel **evaluated** per organizational policy
HRM.10.I.M2	RN conducts **annual on-site visit of aide** providing care
HRM.11.I	Reports of **unsatisfactory performance are investigated** and corrective action taken as needed
HRM.11.I.M1	If **concern** regarding **aide performance** an on-site visit is made
HRM.11.I.M2	Aide completes **retraining and competency for any deficient** care practices

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Summary of Continuous Quality Improvement

Standard	Summary of Content
CQI.1.I	The organization implements **data-driven** Continuous Quality Improvement program
CQI.1.I.M1	Program is organization-wide and covers **all services** and is capable of showing improvement
CQI.1.I.M2	**Skilled Professionals participate** in CQI
CQI.2.D	The organization **defines outcomes and measures** used in CQI
CQI.2.D.M1	Quality indicator measures are derived from **OASIS** where applicable
CQI.2.D.M2	Quality indicators include **adverse events** and other processes of care, services and operations
CQI.2.D.M3	Indicators include measures related to **improved outcomes**
CQI.3.I	**Data is analyzed** and used for monitoring and assessing results
CQI.3.I.M1	Data collected is used to **identify opportunities for improvement**
CQI.3.I.M2	PI activities include **measurement/analysis and tracking** of quality indicators
CQI.3.I.M3	Adverse events analyzed to **determine causes** and preventive measures implemented.
CQI.3.I.M4	PI activities lead to **immediate correction** if problem potentially threatens patient health
CQI.5.I	PI **projects** are **prioritized** using defined criteria
CQI.5.I.M1	PI **projects** conducted **annually** as per organizations scope and complexity of services
CQI.5.I.M2	Performance Improvement Projects are **documented.**
CQI.6.S	CQI **results** are **sustained**
CQI.6.S.M1	Organization measures success and ensures **improvements are sustained**

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Summary of Infection Prevention and Control

Standard	Summary of Content
IPC.1.D	**Policies** and Procedures **reflect the scope** and complexity of services
IPC.1.D.M1	**IPC** Program **required Policies** and Procedure
IPC.1.I	**Policies implemented** to minimize risk of infections and communicable disease
IPC.1.I.M1	Organization follows standards of practice including **standard precautions**
IPC.1.I.M2	**Agency wide** surveillance, identification, prevention, control, and investigation of infections
IPC.1.I.M4	**Flu and pneumonia vaccines** may be administered per organization policy and physician orders
IPC..3.I	Personnel use **hand hygiene products, PPE and other supplies as per policy**
IPC.3.1.M1	Instances the **use of hand hygiene** is implemented
IPC.4.I	**Storage, Transport, and use of supplies** and equipment follow policy and procedure
IPC.4.I.M1	**Bags** utilized to carry equipment/supplies are consistent with policy
IPC.4.I.M2	Use of **sterilized items**
IPC.5.I	**Agency equipment** is cleaned and disinfected per manufacturer's guidelines
IPC.6.I	Immediate **care environment** is maintained to minimize infection risk
IPC.6.I.M1	**Work surfaces** in the care environment are cleaned per agency policy
IPC.6.I.M2	Proper storage and disposal of **medical waste**
IPC.7.I	Patient/caregiver and personnel **instructed** on infection prevention and control
IPC.7.I.M1	Patient/caregiver instructed in **minimizing risk** of spreading infection/communicable disease
IPC.8.I	**TB** screening per state/local regulation or CDC
IPC.9.I	Availability of **Hepatitis B Vaccination**
IPC.10.I	Appropriate handling of **occupational exposures**
IPC.11.I	**Communicable disease** reporting as per state/federal law and agency policy
IPC.12.I	Occupational **exposure r**eported to local/state/federal authorities as required
IPC.14.I	Patient **infections are identified, investigated**, and acted upon as needed
IPC.14.I.M1	Organization monitors infection as part of the **Quality program**
IPC.15	Policy establishing employees **eligible to be fully vaccinated for COVID-19**

IPC.16	**Policy** regarding **fully vaccinated** for COVID -19
IPC.17	Policy to request **delay/exemption/exception**
IPC.18	**Temporary delay** policy
IPC.19	**Job responsibility exceptions**
IPC.20	Policy regarding **medical or spiritual exemption**
IPC.21	**Vaccination status** of each eligible individual to be fully vaccinated
IPC.22	Process defined to ensure **nationally recognized** prevention and control guidelines followed

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Summary of Emergency Preparedness

Summary of Emergency Preparedness	
EP.1.I	Emergency Preparedness **Plan is implemented**
EP.2.D	Documented Emergency Preparedness **policies and procedures** is present
EP.2.D.M1	**Required policies** and procedures
EP.3.D	Emergency preparedness **training** is provided to personnel
EP.3.D.M1	**Training program** is based on the emergency plan/risk assessment/policies/communication plan
EP.4.I	Organization **tests** its program annually
EP.4.I.M1	**Testing program** is maintained based on EP plan/risk assessment/policies/communication plan
EP.4.I.M2	Requirements of **testing processes**
EP.5.S	**Effectiveness of plan** is analyzed, and changes integrated as necessary
EP.5.S.M1	Drills or implementation of the **plan are analyzed, documented, and revised** as needed

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Summary of Leadership and Governance

Standard	Summary of Content
LG.1.I	Care and Services provided support the **scope of services**
LG.1.I.M.1	Organization **manages resources** to be able to meet patient needs
LG.1.I.M2	Primary organization is **responsible for all delivery of care** – direct and under arrangement
LG.3.I	Organization operates and furnishes care in **compliance with law and regulation**
LG.3.I.M1	The organization and branch **locations are licensed** as required
LG.3.I.M3	**Laboratory testing** above assisting patients with self-administered tests are compliant with law
LG.4.I	**Governance** assumes full authority
LG.4.I.M1	Governance responsible **for fiscal operations, provision of services, quality program**
LG.4.I.M2	A **qualified Administrator** is appointed by governance
LG.4.I.M3	**Responsibilities** of governance **for the quality** program
LG.6.I	Leadership has **relative education** and experience
LG.6.I.M1	Required **qualification of the Administrator**
LG.6.I.M2	The discipline of the **Clinical Manager**
LG.7.I	**Leadership** has **accountability** and authority to direct the organization
LG.7.I.M1	**Responsibilities** of the **Administrator**
LG.7.I.M2	**Availability** of the **Administrator** or designated alternate
LG.7.I.M3	**Alternate administrator** is designated in writing and assumes responsibilities of role
LG.10.I	**Care/service is monitored** at all care settings
LG.10.I.M1	**Parent organization provides direct support** and administrative control to branches
LG.11.D	Administrative and supervisory **authority defined in writing**
LG.11.D.M1	**Organizational structure is** defined with lines of authority and services furnished
LG.12.D	Services **contracted** delivered **consistent with current standards** of practice and patient safety
LG.12.D.M1	Patient is not held financially liable for **services furnished under an arrangement**
LG.12.D.M2	**Written agreements** are in place for the furnishing of contractual services
LG.12.D.M3	**Requirements** of entities or individuals providing **contractual services**
LG.12.D.M4	Requirements for **Home Health Aide services provided under arrangement**

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Summary of Financial Stewardship

Standard	Summary of Content
FS.2.I	An **annual operating budget** reflects the scope of operations and services
FS.2.I.M1	Annual operating budget addresses all anticipated **income and expenses**
FS.2.I.M2	The annual budget is prepared **under** the guidance of **governance**
FS.2.I.M3	Annual budget is reviewed and updated at least **annually**
FS.2.I.M4 & M5	**Capital expenditures** are budgeted and managed within acceptable accounting principles
FS.2.I.M6	Requirements of the Capital Expenditure Plan

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Summary of Information Management

Summary of Information Management	
IM.1.D	**Policies** address collection/sharing/protection and retention of data
IM.1.D.M2	Policies address **record retention**/notification in the instance of **discontinuation of operations**
IM.2.I	Administrative, personnel, clinical, and financial **retained records** as per policy and law
IM.2.I.M1	Patient records retained 5 years post discharge or per state requirement
IM.3.I	**Information is disclosed** to authorized agents and government officials upon request
IM.3.I.M1	Information required at initial certification of the program and upon changes
IM.3.I.M2	Parent organization reports to state agency for branches upon readiness for initial certification
IM.4.I	Patient **information is accessed only as permitted**
IM.4.I.M1	**Availability** of the patient record to the patient
IM.4.I.M2	**Availability** of the patient record to the physician or other approved practitioner
IM.4.I.M3	Contract personnel ensure the **confidentiality** of the record and OASIS information
IM.5.D	Protocols are **standardized for collection** of patient data and information
IM.5.I	**Standardized formats** in place for documenting the delivery of care in accordance with policy
IM.5.I.M1	A record is maintained with **past and current accurate patient** information
IM.5.I.M2	Entries are **legible and authenticated**
IM.6.I	Organizations **transmits data** with state/federal parties as per regulation
IM.6.I.M1	Organization encodes and transmits **OASIS data accurately** and timely
IM.6.I.M3	**Appropriate software** per regulation is utilized to transmit data
IM.6.I.M4	Assigned **branch identifiers** are used in the transmission of data
IM.7.I	A **current record of care and services** is maintained for each patient
IM.7.I.M1	Patient **record** required **elements**