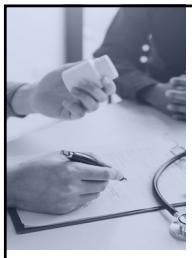
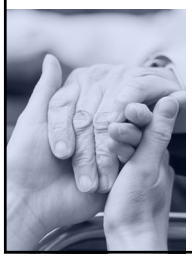


Home Health Accreditation Intensive

An Interactive Training



Bobbie Warner RN, BSN
Director of Education

CHAP Community Health Accreditation Partner

1

Disclosures/Conflict of Interest

This nursing continuing professional development activity was approved by the Virginia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

There are no conflicts of interest for any individual in a position to control content for this activity.

How to obtain CE contact hours:

Criteria for successful completion includes attendance at the entire event (both days), participation in engagement activities, and completion of an evaluation.

CHAP

2

Objectives of Event

The attendee will:

- Be able to verbalize the Accreditation Process
- Be knowledgeable of top deficiencies
- Be able to verbalize strategies to gain compliance in most cited standards
- Be able to utilize and implement the QAPI process

CHAP

3

CHAP Standards Overview

CHAP

4

Activities

- Access of Standards
- Review of Revision Table
- How to tell a new version exists
- Seek and Find Activity

CHAP

5

Current Standard Revisions

- APC – policy revision/staff education/OT education
- CDT – process change/policy change
- HRM – policy revision/process change
- IPC – New policies and education of staff, implementation of the requirements
- IM – potential need to add to clinical record

CHAP

6

Seek and Find

- Search by use of the Standard itself if known
  - CDT.11.D
    - Page 52, CDT.10.I.M6
- Search by use of CMS CFR
  - §484.80(h)(2)(ii) – Aide services with no skilled care provision
- Search by use of key word(s)
  - Required Elements of the Plan of Care
    - Page 24, APC.7.I.M2

CHAP

7

Patient Centered Care (PCC)

CHAP

8

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

CHAP

9

Implementation of Standards

Complaint Process

Federal/state information

Visit schedule

Financial Liability Information

CHAP

10

BW4

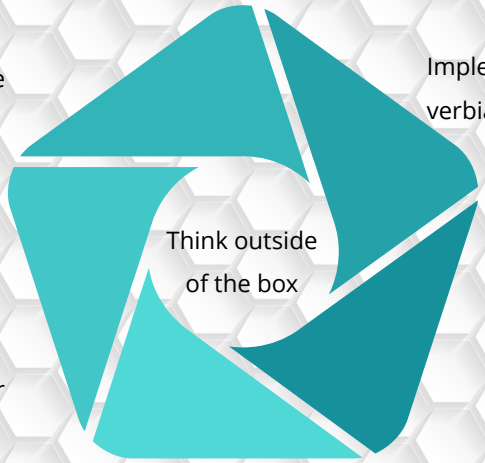
Top Findings in PCC

Standard	Content	CMS Tag	% Cited in PCC
PCC.2.I.M1	Required elements of patient rights	G434. G440 G446, G450	82%
PCC.3.I.M1	Proper Notice regarding potential non-covered care or agency reduction or termination of care	G412, G442	10%
PCC.6.I.M2	Patient provided contact information of administrator	G414	4%

CHAP

11

Tips for Success



CHAP

12

Slide 11

BW4 Consider a resource page that would inlcude all of the top findings for each chapter.
Bobbie Warner, 7/6/2021

Assessment, Planning, and Coordination (APC)

CHAP

13

APC Standards Summary

APC.2.I – Coordination and oversight of care provision

APC.3.I – Acceptance and intake of patients

APC.5.I & 6.I – Initial and comprehensive assessment requirements

APC.7.I – Plan of Care requirements

APC.8.I – Coordination of care with the patient/caregiver

APC.9.I – Coordination with physicians and services provided by arrangement

APC.10.I & 11.I – Standards addressing transitions in care.

CHAP

14

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

CHAP

15

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

CHAP

16

Top Findings in APC

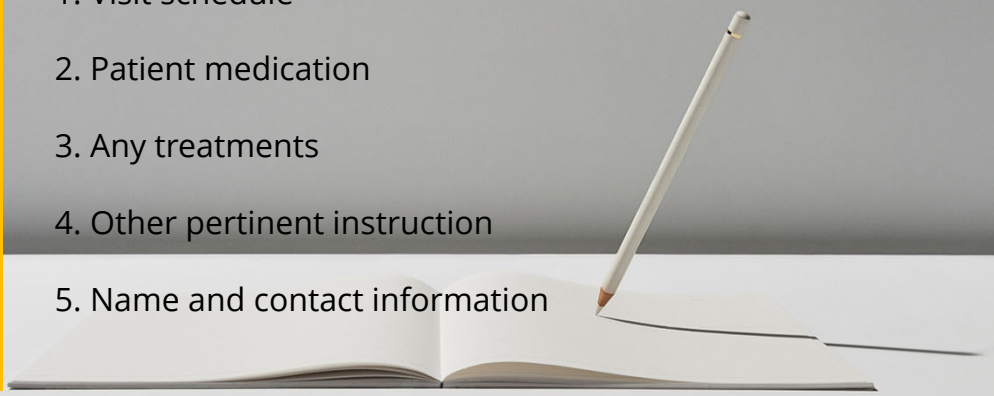
Standard	Content	CMS Tag	% Cited in APC
APC.7.I.M2	Required Elements of the Plan of Care	G574	22%
APC.8.I.M3	Provision of written instructions	G614, G616 G618,G620, G622	22%
APC.11.I.M3	Timely D/C & transfer summary includes all elements	G1022	15%
APC.6.I.M1	Required elements of the Comprehensive Assessment	G536, G530	12%
APC.7.I.M7	Minimum review by physician is 60 days. Includes progress	G592/588	6%

CHAP

17

Written Instruction

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



CHAP

18

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*

3. Transfer summary *within two business days of becoming aware of an unplanned transfer*

CHAP

19

BW10

Transfer/Discharge Summary Content

Content of the summaries will include:

- 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 the patient is on at the time of discharge;
- Patient's discharge condition;
- Patient outcomes in meeting the goals in the plan of care; Patient and family post-discharge instructions.

CHAP

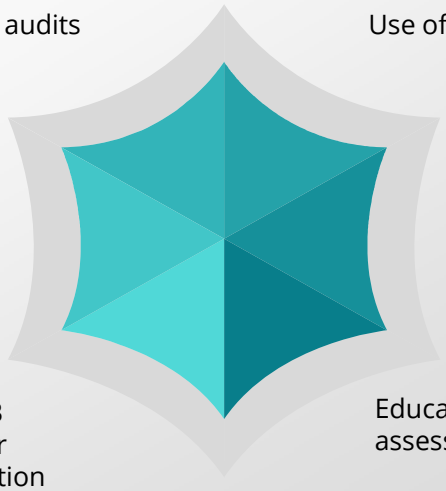
20

Slide 20

BW10 slide revision

Bobbie Warner, 1/18/2022

Tips for Success



21

Care Delivery and Treatment (CDT)

CHAP

22

CDT Standards Summary

CDT.2.I – requirements for the provision of services

CDT.3.I – care follows standards of practice within scope of license

CDT.4.D-5.I – physician order requirements

CDT.7.I – care is provided by all disciplines in accordance with plan of care and each discipline fulfills their own responsibilities

CDT.9.I – patient education

CDT.10.I – Supervision, specifically aide supervision

CDT.11.D – Remote monitoring policy requirements

CHAP

23

24

Written Instruction

1. Visit schedule
2. Patient medication schedule/instructions,
3. Any treatments to be administered by home health organization personnel
4. Any other pertinent instruction related to the patient's care
5. Name and contact information of the home health organization's Clinical Manager

CHAP

APC.8.I.M3

25

BW13

Top Findings in CDT

Standard	Content	CMS Tag	% of Cited CDT
CDT.7.I.M2	Skilled professionals follow the plan of care/fulfill duties	G710	43%
CDT.7.I.M7	Home Health Aide fulfills responsibilities	G800	16%
CDT.5.I.M2	Verbal orders authenticated and dated within 30 days.	G584	12%
CDT.4.I.M1	Medication/services treatments administered as ordered	G580	10%

CHAP

26

Slide 26

BW13 REVISED TABLE

Bobbie Warner, 1/18/2022

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

CHAP

27

Tips for Success

Observation is key to evaluate care provision

During visits encourage staff to interview patient about aide services

Standardized process for documentation and communication of medication changes

CHAP

28

Human Resource Management

Home Health- HRM

CHAP

29

Standard Summary for HRM

- HRM.4.I – all disciplines are required to be licensed/qualified in the state they work
- HRM.6.D – education of staff
- HRM.7.I – competency and 9 modifiers related to aide services
- HRM.9.I – supervision
- HRM.10.I – performance evaluation
- HRM.11.I – requirements related to deficient aide practices

CHAP

30

NP scope of Practice

Full practice
- Evaluate
- Diagnose
- Manage treatment
- Prescribe medications

Reduced practice
- Reduces
- At least one element of NP practice
- Requires
- Collaborative agreement

Restricted practice
- Restricts
- At least one element of NP practice
- State requires supervision, delegation, or team-management

CHAP

31

NP Scope of practice variation

STATE	PRESCRIPTIVE AUTHORITY	BOARD OF NURSING	PRACTICE ACT	DETAILS AND RESOURCES
Arizona	Full authority with DEA registration	AZ Board of Nursing	AZ Nursing Statutes, AZ Nurse Practice Act	Must complete a Controlled Substance Prescription Monitoring Program (CSPMP) application
Florida	Requires supervision of a physician or surgeon	FL Board of Nursing	FL Nurse Practice Act	NPs must have proof of malpractice insurance or an exemption
South Carolina	Requires an approved written protocol with a collaborating physician	SC Board of Nursing	SC Nurse Practice Act	"In addition to those activities considered the practice of registered nursing, an APRN may perform delegated medical acts"

CHAP

32

Top Findings in HRM

Standard	Content	CMS Tag	% of Cited HRM findings
HRM.3.I	Personnel meeting the organization's hiring criteria	G848	29%
HRM.7.I	Personnel demonstrate competency	N/A	16%
HRM.10.I	Personnel are evaluated per organizational policy	N/A	17%
HRM.7.I.M2	Competency of Aides	G768	9%

CHAP

33

Housekeeping

Know state specific requirements

Focused HR Audit
- Orientation
- Annual requirements
- Performance evaluations
- Hiring criteria

Plan staff quality participation

34

Leadership and Governance (LG)

CHAP

35

BW14

Standard Summary for LG

LG.1.I – Provision of services to meet patient needs

LG.3.I – care furnished in compliance with law and regulation

LG.4.I – Responsibility of governance

LG.6.I – Leadership qualifications

LG.7.I – Administrator responsibilities

LG.10.I – all care settings are monitored

LG.11.D – lines of authority

LG.12.D – services provided under arrangement requirements

CHAP

36

Slide 36

BW14 added slide and removal of key points slide
Bobbie Warner, 1/18/2022

Top Findings in LG

Standard	Content	CMS Tag	% cited in LG
LG.4.I.M3	Governance is responsible for quality program	G644, G660	38%
LG.7.I.M3	Alternate administrator	G954	17%
LG.4.I.M1	Governance responsibilities	G942	8%

CHAP

37

Tips for Success

Documentation of governing body involvement

Plan ahead for annual budget review… Schedule it!

CHAP

38

Information Management (IM)

CHAP

39

Standard summary of IM

IM.1.D – Policies addressing collection/sharing/retention of data

IM.2.I – Policies reflecting the time frame to keep personnel/clinical/financial/administrative records

IM.3.I – Appropriate information is shared with government agencies

IM.4.I – access of patient information

IM.5.D – standardized protocols for data collection

IM.6.I – data transmission per regulation

IM.7.I – patient record elements

CHAP

40

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*

CHAP

41

Discharge/Transfer

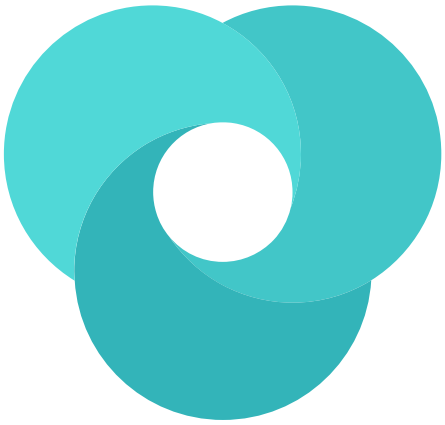
- Discharge: 5 business days
- Planned Transfer: 2 business days
- Unplanned Transfer: 2 business days once aware

CHAP

42

Discharge/Transfer

- Discharge: 5 business days
- Planned Transfer: 2 business days
- Unplanned Transfer: 2 business days once aware



CHAP

43

Summary Contents

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

CHAP

44

Top Findings in IM

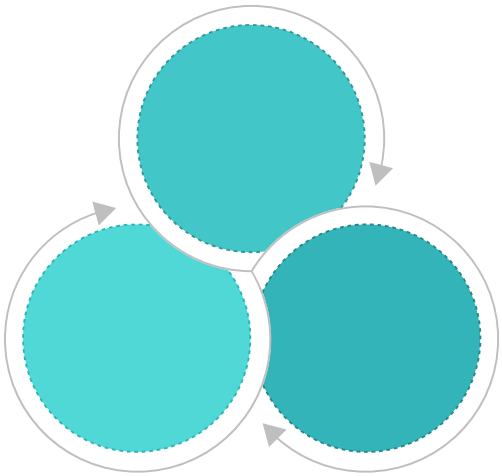
Standard	Content	CMS Tag
IM.7.I.M2	Timeframe for sending of discharge/transfer summary	G1022
IM.5.I.M2	Entries are legible, clear, complete and include signature & title	G1024
IM.4.I.M1	Availability of patient record	G1030
IM.7.I.M1	Patient record requirements	G1012 G1014 G1010

CHAP

45

Tips for Success

- Use of templates may aid in standardizing documentation
- Standardized processes for monitoring submission of documentation
- Focus audits to validate comprehensive documentation at specific timeframes such as recertification, resumption and transfer of care



CHAP

46