Home Health Accreditation Intensive
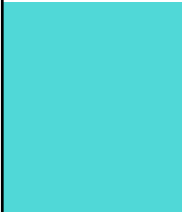
An Interactive Training

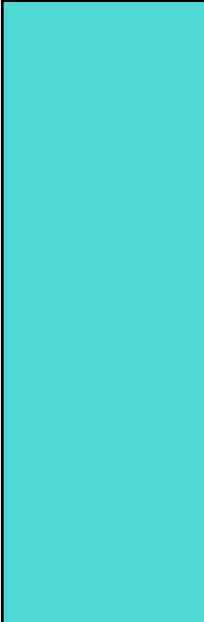Day Two

Bobbie Warner RN, BSN
Director of Education

CHAP Community Health Accreditation Partner
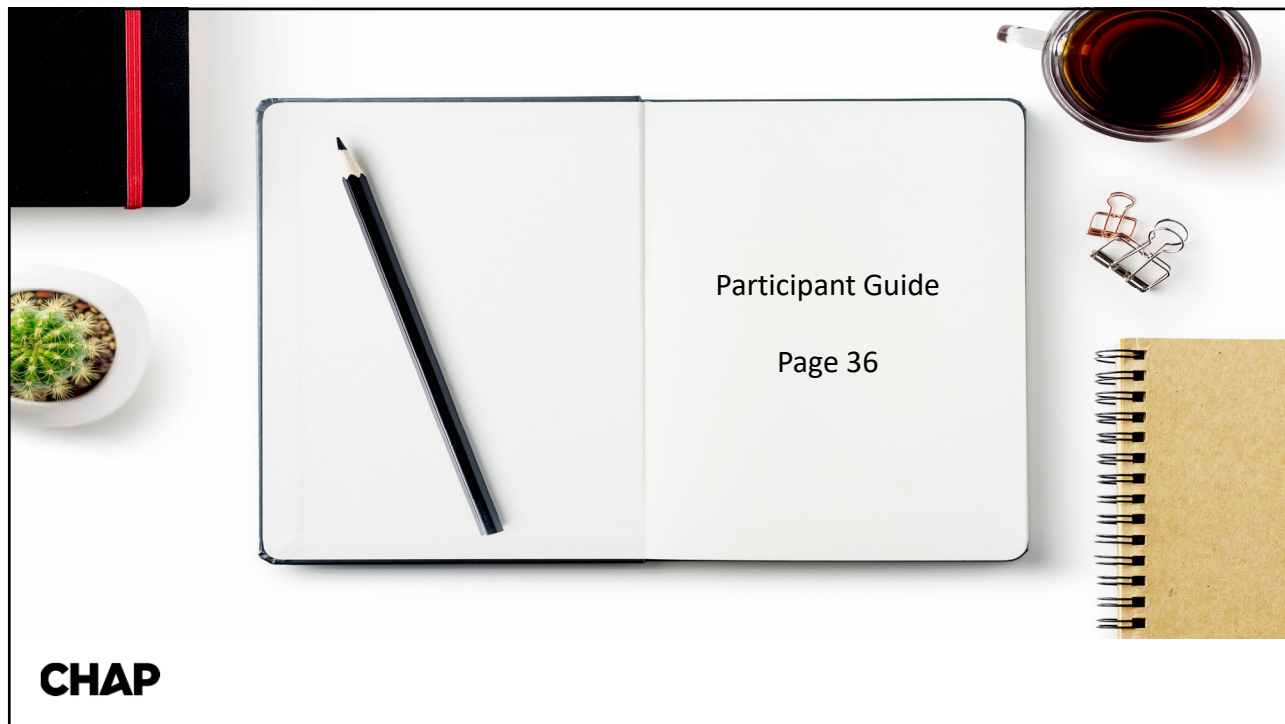
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Welcome!

Think on Yesterday's Value added.

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Infection Prevention and Control

Hospice- HIPC Home Health- IPC

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Program Goal

Each organization must maintain and document an effective infection control program that protects patients, families, visitors, and agency personnel by preventing and controlling infections and communicable
diseases.

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Prevention (CDC Healthcare Infection Control Practices Committee)

Six Standard Precautions
- Hand Hygiene
- Environmental Cleaning and Disinfection
- Injection and Medication Safety
- Appropriate use of Personal Protective Equipment
- Minimizing Potential Exposures
- Reprocessing of reusable medical equipment between each patient and when soiled.

Foundation Needed

- Policies and Procedures
- Protocols for education of staff/patients/caregivers
- Monitoring for compliance

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Control

Coordinated agency-wide program
- o Surveillance
- o Identification
- o Prevention
- o Control
- o Investigation of infectious and communicable diseases
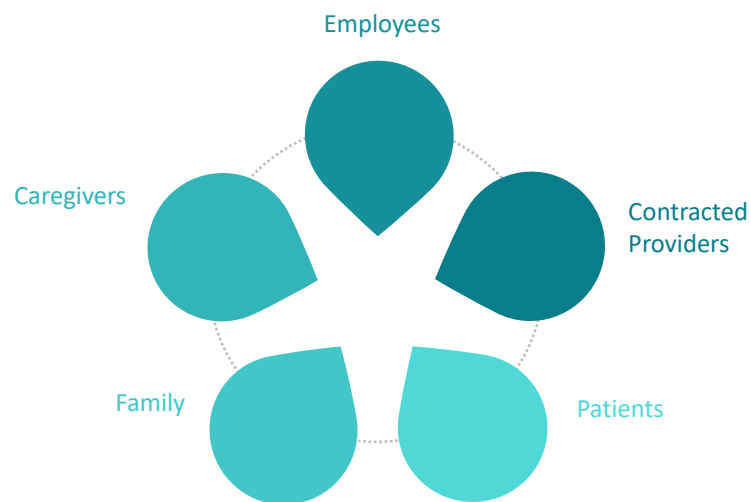
QAPI
Includes:
- o Identifying infectious and communicable disease problems;
- o A plan to result in improvement and disease prevention.

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Education

Employees

Caregivers

Contracted Providers

Family

Patients

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Review the Handouts

Handwashing

Bag Technique

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Discussion

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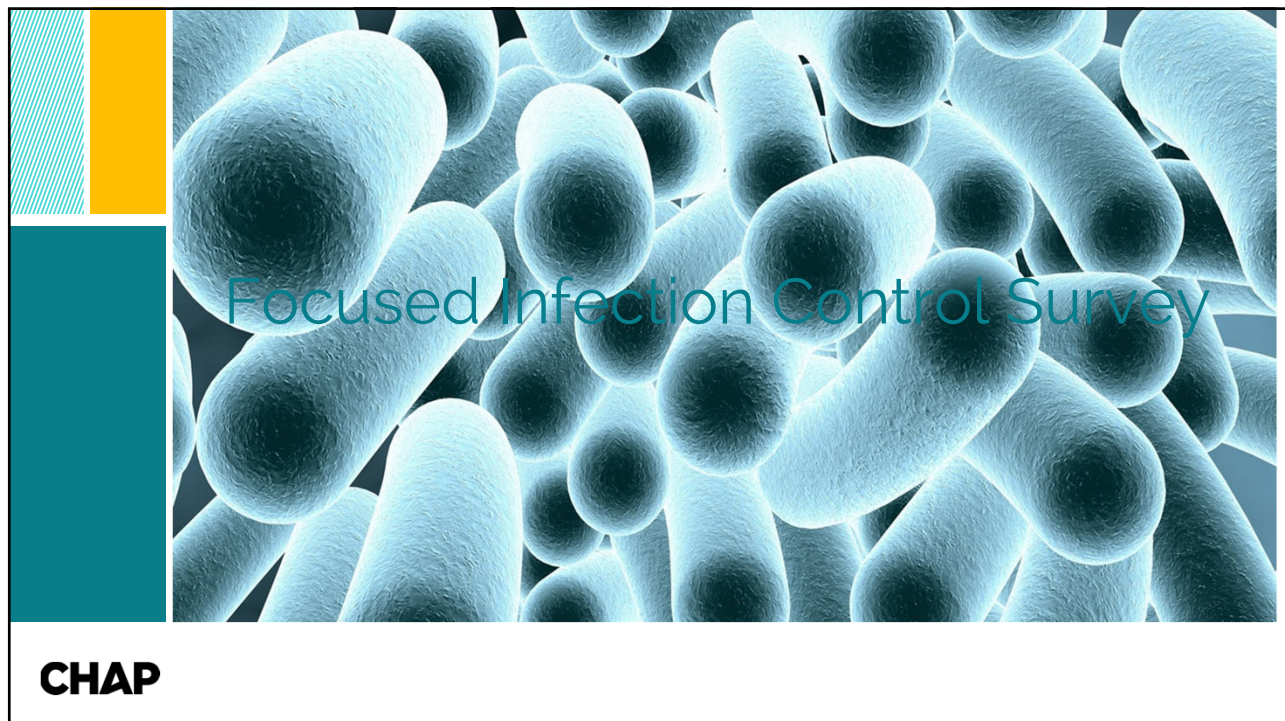
Focused Infection Control Survey

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Focus - Operational Elements

PPE Availability

Communication

Staffing in Emergencies

Infection Prevention
and Control Plan

Handling Staff Exposure or
Illness

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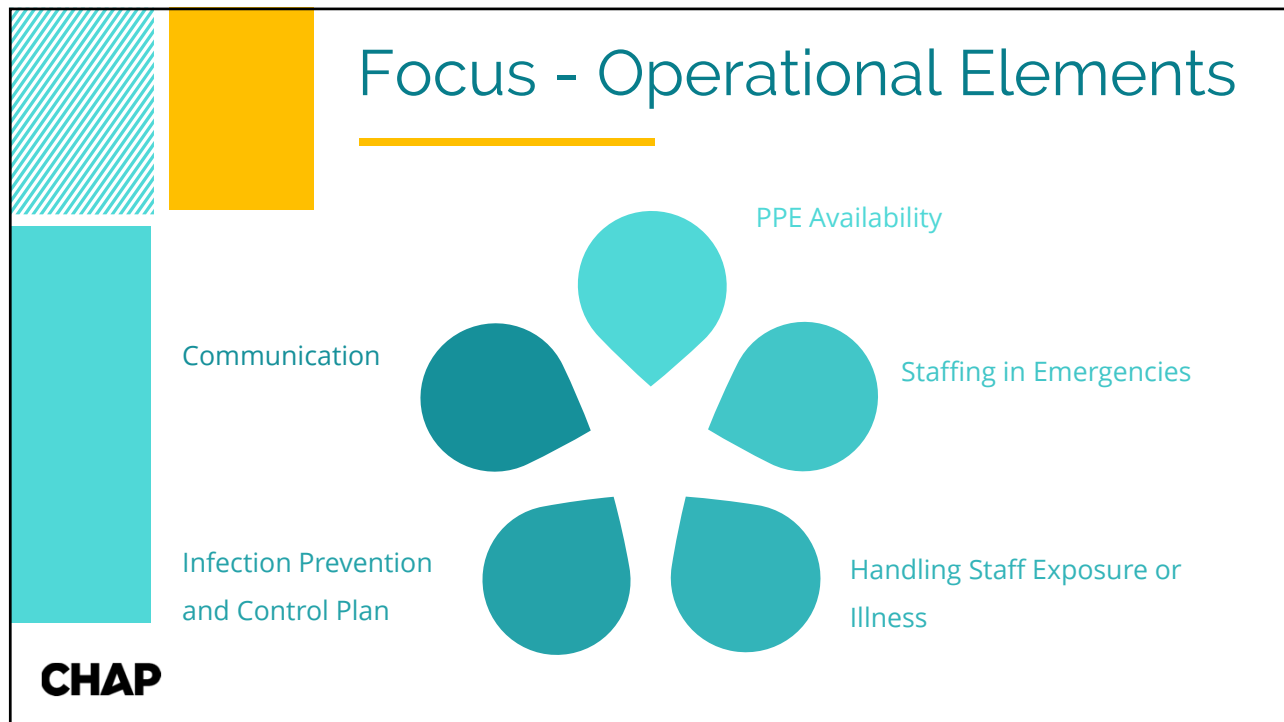
13

Focus- Agency Location

- Screening process for those entering location
- Internal office staff/visitor processes
- General standard precautions
- Transmission Based Precautions

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Focus- Field Practices

- Screening

- Hand Hygiene

- Use of PPE appropriately

- Aerosol-generating procedures

- Education

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100% Compliance Requirements

Eligible for a delay, exception, or exemption

Policies and Procedures:

- The process for an individual to request a temporary delay, an exception due to job responsibilities, or a medical/spiritual exemption
- Who receives and reviews the documentation for above requests
- The process to track the documentation received the acceptance or denial of request
- The contingency plan(s) for an individual not fully vaccinated for COVID-19 and its documentation;
- A process to implement precautions intended to mitigate the transmission of COVID-19
- How each individual's information is securely maintained.

Staff Vaccination Compliance

- Documentation is present to validate 100% of staff requesting a delay, exception or exemption *have submitted documentation and been approved for the request.*

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New Home Health Standards
IPC.15 – IPC.22

Standard	Content Summary
IPC.15	Who the vaccination requirement applies to
IPC.16	Process elements defined in policy for those eligible to be fully vaccinated
IPC.17	Policies related to request for exemption
IPC.18	Acceptable reasons for delay in vaccination
IPC.19	Two acceptable job responsibility exemptions
IPC.20	Policy and procedure addressing process for medical exemption and/or spiritual exemption
IPC.21	Documentation evidence
IPC.22	Requirement to ensure nationally recognized IPC guidelines are followed

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2022 Top Findings in IPC - HH

Standard	Home Health Content	CMS Tag
IPC.3.1.M1	Instances in which the use of hand hygiene is implemented (29%)	G 682
IPC.4.1.M1	Bags that carry equipment/supplies used consistent with policy (16%)	G 682
IPC 8.1	TB screening per state local regulation or CDC (11%)	G 684
IPC.4.I.M2	Appropriate storage, transport and use of sterile materials (6%)	G682
IPC.21	Agency demonstrates vaccination status or documentation reflects exemption or exception (5%)	G687

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Tips for Success

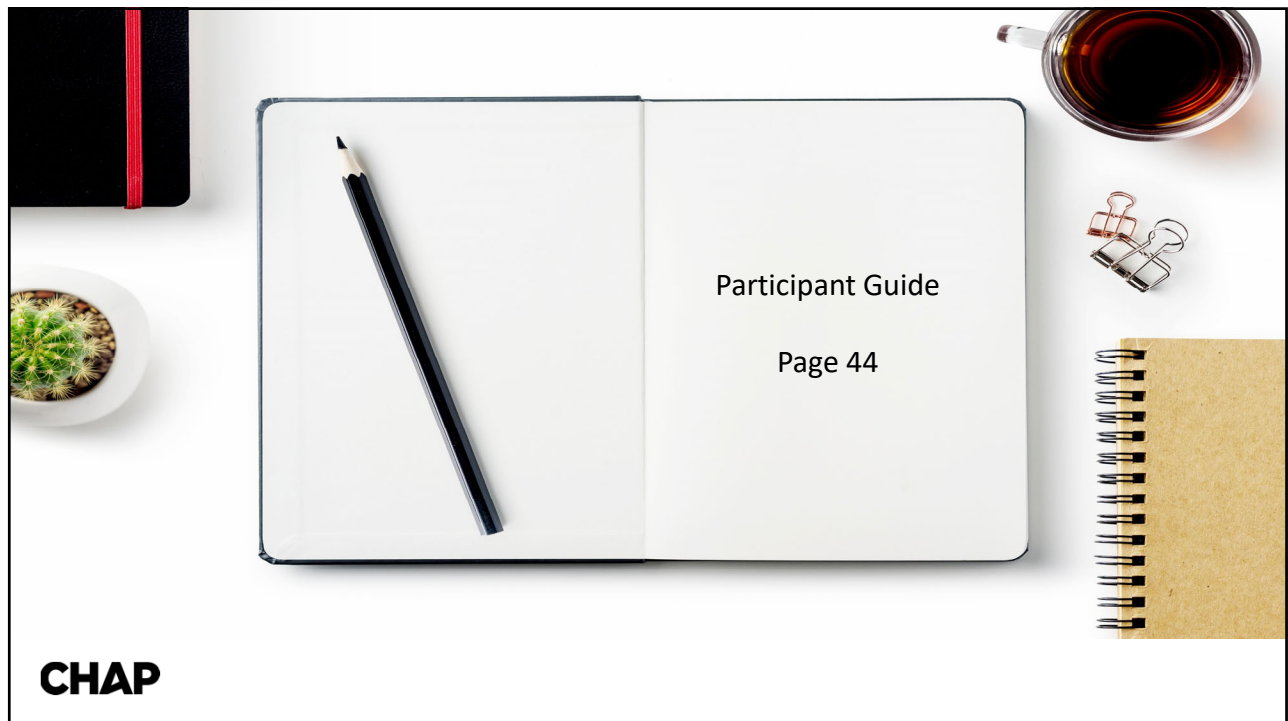| | Conduct Observation in the field | | Infection control should be an important part of your quality program |
| | Include the trunk and field bag in the review | | Teach your RN's best observation practices for Aides |
| | Know state specific requirements | | |

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Home Health Continuous Quality Improvement (CQI)

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Specific

Measurable

Attainable

Relevant

Time-based

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Source: CMS, The CMS QAPI Guide : What You Need to Know A Companion to QAPI at a Glance.

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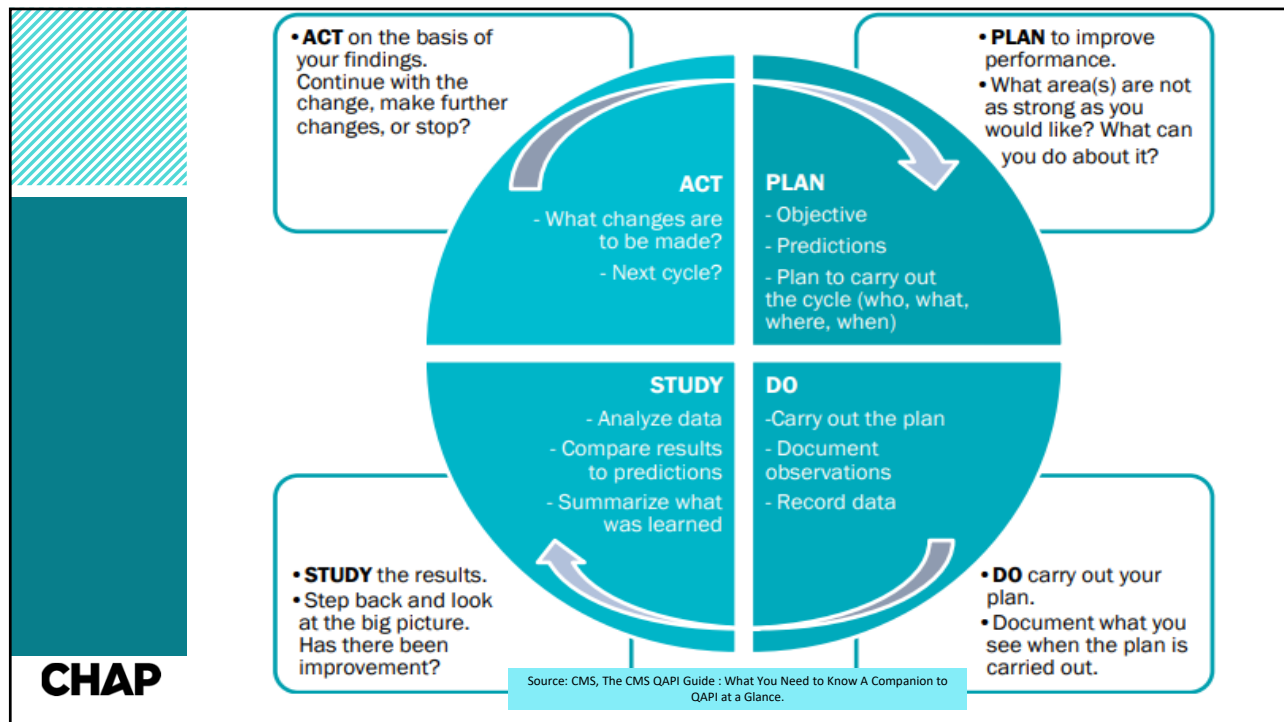
23

Quality Activity

Breakout Room – 1 (1 person to report out)

Scenario – Freestanding Organization recently had a first renewal site visit conducted. Active patient census is 75.

Agency Support
- Administrator – nonclinical
- Clinical Manager with the following oversight responsibilities
  - Quality Improvement
  - Education
  - Orientation
  - Supervision
- 6 RN, 3 LPN, 2 PT, 2 OT

Improvement Needed – In the renewal site visit, 11 of 11 records reviewed revealed deficiencies such as medication profiles not kept current or not present, medication reconciliation not conducted with changes in medication, and no over-the-counter medications identified.

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Quality Activity

Breakout Room – 2 (1 person to report out)

Scenario – Freestanding Organization recently had their initial survey. They currently have an active census of 15.

Agency Personnel
- Administrator who is an RN and fulfill the role of the clinical manager also
- 2 RN
- 1LPN
- 1Aide
- Social Worker
- Spiritual Counselor

Improvement Needed – During the initial visit, the following infection control deficiencies were identified: the social worker failed to conduct handwashing during the home visit, the aide failed to utilize appropriate bag technique, and the RN was noted to not follow appropriate protocol for wound care through lack of appropriate glove and hand hygiene techniques.

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Quality Activity

Breakout Room – 3 (1 person to report out)

Scenario – Freestanding Organization recently had their initial survey. They currently have an active census of 15.

Agency Personnel
- Administrator who is an RN and fulfill the role of the clinical manager also
- 2 RN
- 1LPN
- 1Aide
- Social Worker
- Spiritual Counselor

Improvement Needed – During the initial visit, it was identified that there was no evidence of an emergency preparedness plan. The following elements were missing: a risk assessment, communication plan, policies and procedures, training of staff and testing of a plan.
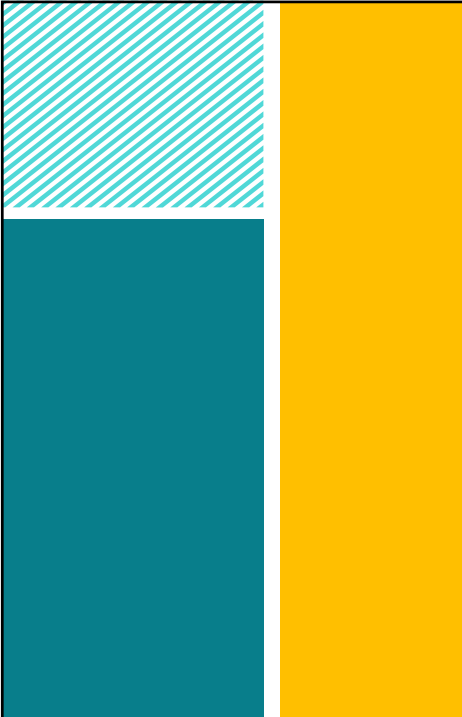
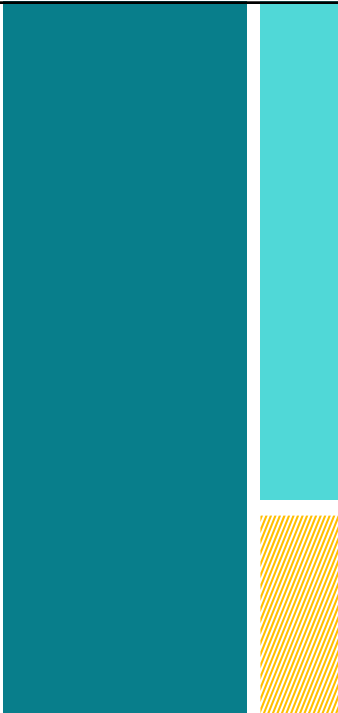**CHAP**

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Let's Have A Break!

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Determining Priorities

- How extensive is the non-compliance?
- Does the non-compliance affect quality of patient care?
- Is one clinician involved or several?
- Tenured employees and New employees?
- Does the organization have the resources to address the issue?
.

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Top Findings in CQI

CQI.1.I.M2; Participation in the HHA's QAPI program

G720 -*All skilled professional staff must provide input into and participate in the implementation of the HHA's QAPI program*

G644 -*The program must utilize quality indicator data, including measures derived from OASIS, where applicable, and other relevant data*

G642 – Activities include the measurement, analysis, tracking of quality indicators

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2022 Top Findings in CQI-HH

| Standard	Home Health Content	CMS Tag
CQI.1.I.M2	Skilled professionals participate in CQI (26%)	G720
CQI.5.I.M1	Performance Improvement projects are conducted annually. (18%)	G658
CQI.2.D.M1	Quality indicators include measures from OASIS (11%)	G644
CQI.3.I.M2	CQI activities include measurement, analysis, and tracking of quality indicators (11%)	G642
CQI.5.I.M2	PI projects are documented with measurable progress achieved (11%)	G658

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- Place quality meetings on the calendar
- Plan for involvement from staff
- Document actions taken ongoing
- Develop a template for monitoring a performance project
- Ensure your plan is agency-wide
- Follow up on analysis of data, not only collection of data
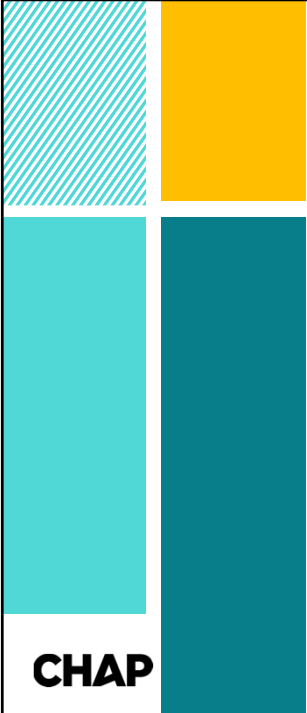- Focus audits are your friend

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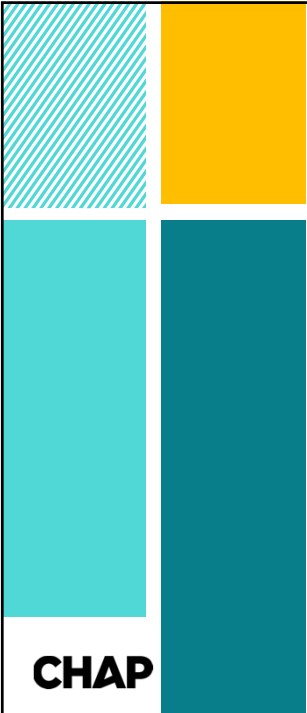# Financial Stewardship
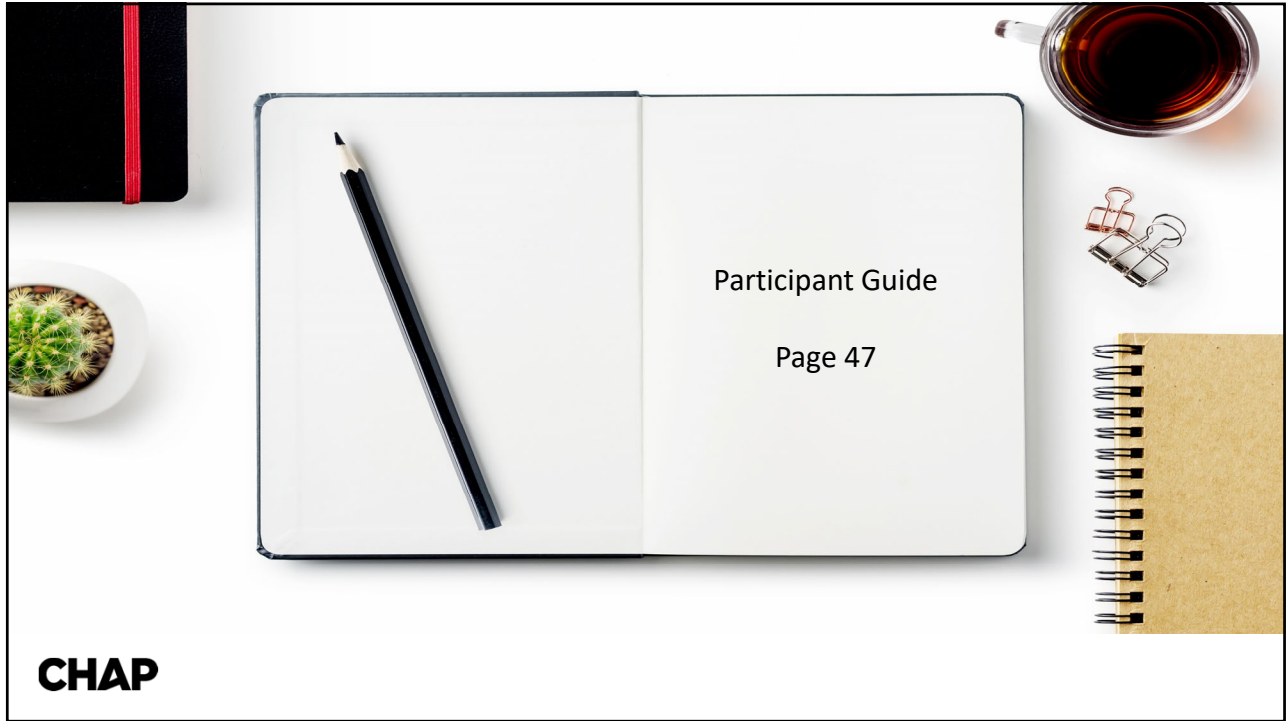
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Annual Operating Budget

Reflects scope and complexity of organization

Includes anticipated income and expenses
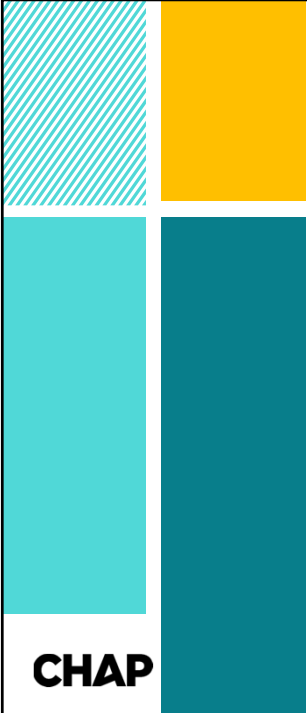
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Capital Expenditure Plan

For expenditures greater than $600,000

Plan includes a minimum of three years

Identifies anticipated sources of funding or operation short falls that may impact services

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Preparation of Plan and Budget

Conducted in collaboration with governance and leadership

Reviewed and updated at least annually

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Findings in Financial Stewardship

Standard	Content	CMS Tag	% Cited
FS.2.I.M2	Governance prepares overall plan and budget	G988	33%
FS.2.I.M3	Annual review and update of budget	G988	33%
FS.2.I.M5	Annual review and update if the capital expenditure plan	G988	33%

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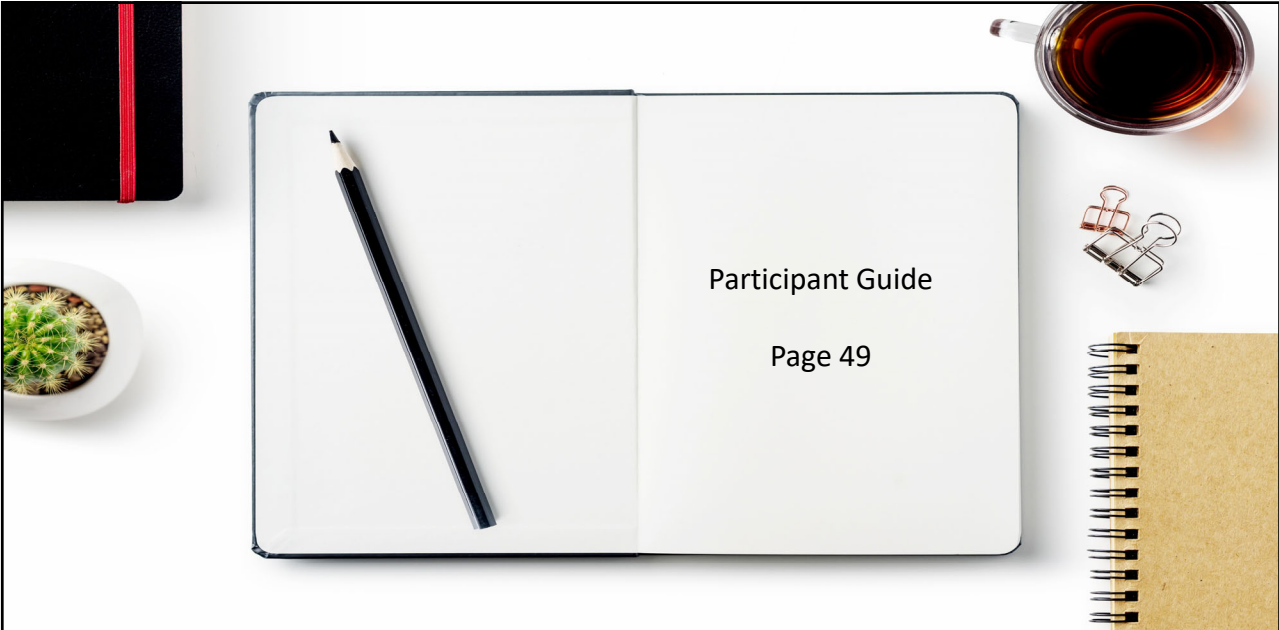
Tips for Success

Schedule for review and update of the budget

Document meeting interactions

Ensure appropriate representation

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CHAP Accreditation
CHAP LinQ
Customer Relations

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Customer Relations

- 6 Accreditation Specialists, divided by geographic territory
- 1 Manager of Accreditation Operations
- 1 Senior Scheduling Manager
- 1 Vice President

- The customer service "hub"
- Contact with a live person
- Reducing the work and rework

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Accreditation Clinical Support

- 4 Directors of Accreditation divided by geographic territory
- 1 Senior Director of Accreditation
- 3 Senior Accreditation Managers
- 1 Vice President of Accreditation
- 1 Vice President of Corporate Accounts and Governmental Affairs

- Clinical expertise with years of experience in the industry
- Contact with a live person

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Steps to Accreditation

1 Accreditation Agreement	2 Site Visit Preparation	3 On-Site Visit and Review	4 Accreditation Determination

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Timing to Prepare

Work on preparation continuously

Initial organizations
- Visit in1-30 days of readiness submission
- Deemed – not announced
- Non-deemed – announced
- Only hit **submit** button when ready!!

Renewal organizations
- Visit in 32-36 months of prior comprehensive visit
- Review of entire Accreditation cycle

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Site Visit Process

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Site Visit Preparation

- Document Request List
- Policy List
- Top Ten Findings per the service line
- Mock clinical record review
  - Multi-discipline
  - High acuity interventions
  - Using top ten
  - Using quality results
  - Consider additions of new services

- Mock personnel record review
  - Utilize self-study
  - Validate compliance with organizational policy

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Visit Components

Entrance Conference

Exit Conference

Site Visit Activities

Daily Wrap-Up

Ongoing Communication

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Communication

- Entrance conference
- Daily wrap up
- Exit conference
- "Interview"
  - Home visit
  - Record review
  - Document review

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Handling Conflict

Should occur **during** the site visit

Steps to successful resolution
- Share concern with site visitor
- Each side should explain their point of view

If conflict continues, add the Director of Accreditation

Final opportunity is to appeal the finding

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Action Plan

Action plan to provider within 10 *business* days

- Submission of report by site visitor
- Full review by the Director of Accreditation or Senior Accreditation Manager

Provider has 10 *calendar* days to submit their plan of correction.
- **PLUS,** the 10 business days of the DA

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Condition Level Finding

Initial agency – First site visit
- Deferral of accreditation
- 2nd comprehensive visit within 90 days
- If continues – 3rd and last visit within 90 days

Renewal Agency – any visit type
- Follow up visit within 45 days
- One or two days depending on number of CLD's
- The entire condition must be reviewed
- May require a home visit depending on the finding

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Relieving Anxiety

Constant Preparation
- Mock surveys and staff observations
- Education
- Document readiness
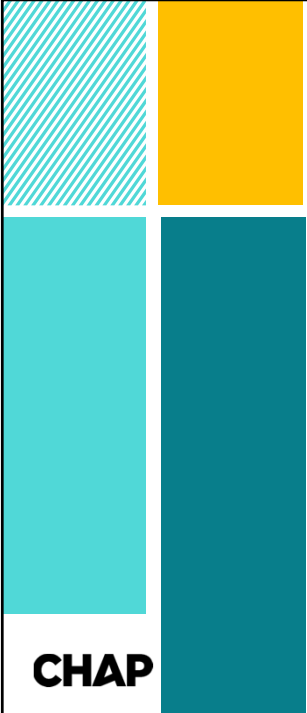
Prepare for the site visit
- Documents ready for review – contracts and policies

Updated lists
- Active patients
- Employee listing
- Discharge listing
- Unduplicated admission _number_

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Relieving Anxiety

Site Visit Plan

- Appoint a **point-person**
  - Designate an alternate
- Methods for **sharing information**
  - Records/Documents
  - Onsite/Offsite
- **COVID practices** sustained
- **Workspace** determined
- **Prepare staff** through practice drill

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Relieving Anxiety

Communication

- Share difficulty in obtaining information

- Share your anxiety with the site visitor

- Ask questions!

- Take notes at each daily wrap up

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Contacts

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