



COLORADO HEALTH CARE TRAINING & CONSULTING

Home Care Administration 2019

Colorado Basic Licensure Standards
6 CCR 1011-1 Licensure Chapters XXVI & II

SUPPLEMENT - 1 POLICY, PROCEDURE & PERSONNEL

Connie McWilliams, MBA has more than 30 years of innovation and management experience in both corporate and nonprofit settings. She founded and developed a Denver home health agency in 1990 to become the owner-operator of the only Colorado agency that provided home health, outpatient rehabilitation, adult day care and senior transportation under one roof. Connie holds an MBA from DePaul University in Chicago and directed daily operations and management of 100+ employees in a multi-corporation setting. Connie is a university adjunct faculty member in strategic planning and basic management. As a consultant to health care businesses, Connie is dedicated to fostering a greater understanding of the implications of ethics and compliance in a rapidly changing health care environment. She is the owner and founder of CHCTC and may be reached at connie@chctrain.com, (303) 548-4310 or on the company website: www.getcompliant.us.

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Note: P&P are included to reference training materials as well as to respond to learner requests for samples.

HOME CARE MANUAL

The policies, procedures and forms in this manual have been reviewed and approved by:

Board of Directors

Date

Administrator

Date

Patient Care Services Director

Date

List of Policies Reviewed:

Admission (first adopted 1/1/2006, revised 6/1/2010)
Discharge (first adopted 1/1/2006, revised 6/1/2010)
Alzheimer's Training (first adoption 11/1/2017)

ORGANIZATION AND STRUCTURE – 1.1

PURPOSE:

- To establish the lines of communication and responsibilities within the agency

POLICY:

- The Administrator of the agency has administrative responsibility for the agency's operations.
- In the absence of the Administrator, the alternate administrator assumes responsibility of administrative and operational activities.

LINES OF COMMUNICATION AND RESPONSIBILITIES:

- The governing body has ultimate responsibility and legal authority for managing the agency and for the quality of care, treatment and services provided.
- The Administrator is accountable to the governing body, and acts as a liaison between the governing body and professional staff.
- The Administrator is responsible for budgeting and accounting, hiring and evaluation activities, ensuring the accuracy of public information materials, and the overall functioning of the organization.
- The supervising nurse assumes responsibility for implementation and coordination of patient care services, staff education and development, and supervision of clinical staff.
- Professional and home care field staff are accountable to the supervising nurse and agency administrator.

PROCEDURE:

1. The lines of communication and responsibilities are delineated in:
 - The agency organizational chart
 - Agency job descriptions

SAMPLE POLICY FOR POLICIES AND PROCEDURES

PURPOSE:

To ensure that all HHA policies and procedures are compliant with State and Federal rules and regulations and adhere to industry and business standards of practice.

POLICY:

- All policies and procedures of _____ HHA are presented to the HHA's Policy and Procedure Committee and approved by the Administrator, Patient Care Services Director and Board of Directors, as appropriate.
- All policies and procedures are available to all staff 24 hours per day, seven (7) days per week.
- All policies shall be developed, revised and updated using the most current evidence-based information available.

PROCEDURE:

- All policies and procedures in effect in the HHA are reviewed, revised and approved on an annual basis and more often if necessary.
- A cover sheet in the policy and procedure manual(s) contains the date(s) and signatures of both the Administrator and Patient Care Services Director indicating that all policies contained within the manual have been reviewed, revised as necessary and are approved and enforceable.
- Any new policies added and approved within the year are individually signed and dated by the Administrator and Patient Care Services Director.
- Policies may be sent to the HHA's Board of Directors for review, revision and approval. See Governance - Board of Directors/Management Company policy.

SAMPLE POLICY FOR RETENTION OF CLIENT RECORDS

PURPOSE:

- To maintain the integrity and security of clinical records while allowing access to the records by authorized staff.
- To safeguard clinical records against loss, destruction and tampering.

POLICY:

- Paper or electronic clinical records are maintained and stored in a secure manner that prevents loss, damage or tampering, while simultaneously allowing for ease of access for authorized staff.
- Only authorized staff, including employees and contracted staff, with a need to know are permitted access to patients' medical records.
- Unique computer passwords are assigned to authorized staff and are to be kept confidential by each individual staff member. The passwords are stored within the HHA in a confidential manner and are changed on a regular basis as determined by the HHA.
- The Medical Records Coordinator/Department is responsible for maintaining and retaining patients' clinical records in a manner consistent with the HHA's policies and procedures, and applicable laws, regulations and standards.
- Original clinical records may **not** be removed from the HHA's premises **except** by authorization of the patient in a manner consistent with HIPAA regulations, or in response to any other applicable laws or regulations, subpoenas or court orders, and **only** with the express knowledge and approval of the Administrator or his/her designee.
- Clinical records of adult patients are retained for a minimum of five (5) years after the discharge of the patient or according to state law, whichever is longer. This includes OASIS information. Clinical records must be retained even if the HHA ceases operations.
- Clinical records of minors are retained for at least seven (7) years following the age of majority, or according to state law.
- Final validation reports shall be retained for a period of 12 months until the new expected annual OBQI/M reports are received.
- Discharged records that have been retained for the appropriate length of time as above, are destroyed in a manner that ensures compliance with HIPAA regulations.
- _____ HHA shall retain a patient's medical record for five (5) years after the discharge of the patient **unless** State law stipulates a longer period of time.
- Clinical and health insurance records are stored electronically via _____. This includes the storage of OASIS information.
- All material shall be available for review by CMS, the intermediary, Department of Health and Human Services, or other specially designated components for bill review, audit or other examination during the retention period.

PROCEDURE:

- All clinical notes, along with patient verification of the visit, are to be completed and submitted to the office within _____ hours following completion of the visit.

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- Clinical supervisors are responsible for verifying:
 - That all documentation is:
 - ◆ Dated
 - ◆ Legible
 - ◆ Signed appropriately and includes the author's professional designation, i.e., RN, RPT, SLP, CNA
 - ◆ Consistent with the ordered and scheduled visit frequency
 - ◆ Contains only HHA-approved abbreviations
 - That the documentation contains:
 - ◆ Complete and accurate patient identification information
 - ◆ Supports the diagnosis/patient's clinical status
 - ◆ Justifies the care, treatment and/or services provided
 - ◆ Describes the care, treatment and/or services provided
 - ◆ Describes the results of patient response to the care, treatment and/or services provided
 - That the documentation reflects coordination and continuity of care among all team members and reflects accepted and usual standards of practice
- Medical Records Department staff is responsible for:
 - Maintaining clinical records in the format determined by the HHA
 - Ensuring that the content of the records are filed accurately, i.e., in the correct patient's file, and in a timely manner to ensure currency of the record
 - Ensuring that Plans of Treatment and physician verbal/telephone orders are signed and returned to the HHA within 30 days of the order initiation date
- The Medical Records Supervisor submits a weekly report to the Patient Care Services Director/Administrator of any delinquent documentation, i.e., unsigned physician orders, missing transfer and/or discharge summaries.
- Content of active records are to be filed in each section, with the most recent documentation uppermost; contents of discharged records are to be filed in reverse order.
- Recommended Format:
 - Section I:
 - ◆ Referral/Intake Form
 - ◆ Consent/Authorization to Treat Forms
 - ◆ Release of Information Forms
 - Section II:

- ◆ Plan of Treatment
 - ◆ Physician Verbal/Telephone Orders
- Section III:
 - ◆ Transfer Forms
 - ◆ Discharge Forms
- Section IV:
 - ◆ Nursing Assessment
 - ◆ Nursing Visit Notes
 - ◆ Summary of Care Notes
- Section V:
 - ◆ Physical Therapy Assessment
 - ◆ Physical Therapy Notes
 - ◆ Summary of Care Notes
- Section VI:
 - ◆ Occupational Therapy Assessment
 - ◆ Occupational Therapy Notes
 - ◆ Summary of Care Notes
- Section VII:
 - ◆ Speech Therapy (SL-P) Assessment
 - ◆ Speech Therapy Notes
 - ◆ Summary of Care Notes
- Section VIII:
 - ◆ Medical Social Work Assessment
 - ◆ Medical Social Work Notes
 - ◆ Summary of Care Notes
- Section IX:
 - ◆ Home Health Aide Notes
 - ◆ Home Health Aide Supervisory Visits
- Section X:
 - ◆ Miscellaneous, i.e., HHA Notes, Laboratory Test Results
- Access to Paper Medical Records:

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- Any records that are requested by any staff member must be signed for in the Medical Records log.
- All records must be returned to Medical Records Department before the end of the business day.
- Electronic records may be accessed by authorized staff only.
 - Staff must sign off when they have finished accessing the records in order to prevent unauthorized access to the records.

NOTE:

The final validation reports from submission of OASIS records and OBQI/M reports are not part of the clinical record and, as such, need not be retained for five (5) years. It is recommended that final validation reports be retained for a period of 12 months until the new expected annual OBQI/M reports are received.

STAFFING AND SCHEDULING

PURPOSE:

To ensure appropriate personnel staffing and coverage to meet patient needs.

POLICY:

- The agency will maintain optimal staffing caseloads to meet the needs of the patients through appropriate use of resources.

PROCEDURE:

1. The agency will define the personnel qualifications and staffing needs using the following factors:
 - The needs of the patients served by the agency
 - The scope of care provided by the agency
 - The average length of stay and patient acuity
 - The geographic location served by the agency, including average travel time
2. Baseline parameters will be set for the number of staff necessary to meet patient care needs.
3. Upon receipt of a referral for patient care, the agency will consider the prospective patient's needs, acuity and geographic location, along with the availability of qualified staff, prior to accepting the patient.
4. Assignment of staff will be based on the patient's geographic location, the complexity of the patient's medical needs and level of care required, and the clinician's education, experience and level of training.
5. Once an agreed upon plan of care has been established, the patient will be notified verbally and in writing of the planned visit schedule. Documentation will include the date, approximate time, and name and discipline of the staff member conducting the visits. The patient will be instructed that the visit time is approximate and might vary based on elements outside the staff member's control, such as weather, traffic, or visits that take longer than anticipated. A copy of the schedule will be maintained by the agency.
6. The patient will be notified of any changes to the schedule in person or via telephone call. This notification will occur as soon as practical. If a staff member is running more than twenty (20) minutes late to a visit, the staff member should notify the patient via telephone call as soon as practical.
7. If the patient does not respond to let staff in the home for a scheduled visit, the employee will contact the patient via telephone. If no response is received, the employee may utilize the emergency contact or other arrangements made at the time of admission. If the employee is still unable to contact the patient, s/he will contact the supervisor for further direction. The agency will document all attempts to ensure the safety of the patient and the outcome of each attempt.
8. If there is a missed visit, services will be provided as agreed upon by the patient and agency.
9. The agency will employ staff in sufficient number to meet all patient needs and ensure

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coverage of visits during employee illness, vacation, holidays, and unexpected voluntary or involuntary termination of employment.

10. Request for vacation days should be made at least _____ days in advance. The agency will utilize supplemental staff to ensure coverage of any visits occurring during the employee's vacation time. In the event of employee illness or unexpected termination of employment, the agency will utilize supplemental staff to meet patient needs. If there is an insufficient number of supplemental staff, the supervisor may complete the visit or a staffing agency will be utilized to conduct the visit.
11. When it is established that staffing is temporarily below the baseline parameters, the agency will initiate one or more of the following options to ensure patient care needs are met:
 - Use of qualified supervisory/administrative staff to provide patient care
 - Use of qualified, competent staff from a staffing agency (the agency must ensure the qualifications and competence of all staff utilized from a staffing agency)
 - Increase recruitment efforts (with documentation of all efforts)
 - Decline incoming referrals
12. If it is projected that staffing will remain below baseline parameters for the foreseeable future, the agency will consider referring patients to another agency, with input from the patient and/or their authorized representative.

SAMPLE CONTRACTOR AND CONSULTATION POLICY

PURPOSE:

- To ensure that services provided by consultation, contractual arrangements, or other arrangements are in compliance with _____ HHA's mission, vision and goal statements, policies and procedures, and applicable laws, regulations and standards
- To ensure the safety of patients admitted for care, treatment and/or services to _____ HHA
- To ensure the quality of care, treatment and/or services provided by contractual arrangements promote positive patient outcomes

POLICY:

- A written contract or agreement is required whenever _____ HHA purchases services, staff, training or supervision from another entity/individual for an ongoing or single episode arrangement.
- _____ HHA provides the following services (please list the specific contracted services) through contractual arrangements:

- _____ HHA retains overall responsibility, accountability and authority for the care, treatment and/or services provided by contracted staff/entities.
- All services provided by contracted arrangement, consultation or other agreements are delineated in writing and adhere to the applicable accrediting organization standards and any applicable laws and regulations.
- Services provided by consultation, contractual arrangements or other agreements are reviewed and approved, if appropriate, by the Board of Directors.

PROCEDURE:

- Any entities desiring to provide consultation or any other contracted services through or to _____ HHA are required to:
 - Submit a formal proposal to the Administrator which includes:
 - Background information about the entity or individual

- Applicable licenses and/or certifications
 - Insurance certificates and/or liability insurance information
 - References
 - Other applicable information that may be requested
- The information is reviewed and evaluated by the Administrator, and if deemed to be an appropriate potential arrangement, is presented to the Board of Directors for review and a decision whether it is acceptable.
- The content of the written contract addresses at least the following information:
 - Name and type of services to be provided
 - Duration of the contract/agreement
 - Responsibilities of the contractor and _____ HHA
 - The manner in which services will be controlled, coordinated, and evaluated by _____ HHA including:
 - That patients are accepted for care only by _____ HHA
 - That staff providing direct patient care, treatment and/or services are responsible for developing plans of care that reflect the patient's needs and for maintaining ongoing coordination with other members of the healthcare team
 - The procedures for submitting clinical and progress notes, scheduling of visits and periodic patient evaluation
 - The amount and procedures for payment for services furnished under the contract
 - Compliance with all _____ HHA policies, including staff policies
 - _____ responsibility for participating in developing plans of care or service
- _____ HHA supervisory staff conduct supervisory visits and competency evaluations of contracted staff, as per the HHA policy, to monitor and evaluate all patient care, treatment and services for safety and quality standards of the HHA, to ensure that care, treatment and services are being provided in accordance with the terms of the contract/agreement and applicable laws, regulations and standards.
- Contracts/agreements are reviewed and evaluated for renewal by the Administrator in collaboration with senior management staff according to the terms of the contract/agreement. The findings (positive and negative) are documented and presented to the Board of Directors, the ultimate authority governing this contract, for approval.

SAMPLE QUALIFICATIONS and COMPETENCY POLICY

PURPOSE:

To ensure that _____ HHA has an adequate number of appropriate qualified staff (employees and contracted staff) to provide quality patient care or services consistent with the mission, vision and goals of the organization, thereby promoting positive patient outcomes and ensuring compliance with State and Federal regulatory requirements.

POLICY:

- Every individual selected for employment by _____ HHA has the following information verified/completed before the offer of employment is made:
 - Interviews by appropriate management staff
 - Current licensure, certification or registration check via Department of Regulatory Agencies (DORA) and as required by applicable laws, regulations and standards
 - Current List of Excluded Individuals and Entities (LEIE) check maintained by the Office of Inspector General.
 - Verification of education and training as required by applicable laws, regulations and standards
 - Employment and personal references and job history (verified in writing or verbally)
 - ACHC requires that at least two (2) references are obtained before hire.
 - Compliance with current health requirements, as required by the specific job description and applicable laws and regulations
 - Knowledge and experience appropriate for the assigned job responsibilities, as well as an adequate understanding of the corresponding job description
 - Knowledge regarding _____ State Scope of Practice guidelines, appropriate for the position
 - A criminal background check, including sex offender list
 - Form I-9
 - Drug testing when required by applicable laws and regulations
- All job offers are contingent upon completion of a satisfactory health examination and satisfactory criminal background checks and drug screening tests, if applicable.
- The Human Resources Manager is responsible for ensuring that the applicant's personnel file is complete and accurate.
- _____ HHA shall have in place a system to ensure that the licensure, registration and certification required for patient care staff is continually maintained.

- _____ HHA shall demonstrate, assess, maintain and improve staff competence on an ongoing basis.

PROCEDURE:

- Completed Applications for Employment are reviewed by the appropriate department manager/supervisor.
- Department managers/supervisors or their designees interview applicants and document the results of the interview and whether the applicant is a suitable candidate on the HHA Interview Form. The completed interview record form is submitted to Human Resources.
- The Human Resources Department verifies and documents the following:
 - Status and expiration date of professional license, registration and/or certificates, as appropriate
 - Dates of attendance and/or completion of required education and training
 - Employment references
 - Job history
- The completed form is submitted to the Patient Care Services Director/Administrator for approval to make a job offer to the applicant.
- When the applicant accepts the job offer his/her name is submitted for a criminal background check and he/she is asked to complete a drug screening test, if applicable.
- Applicants for clinical or technician positions are required to complete a competency test (written and/or demonstration), as outlined by the HHA's clinical competency policies.
- The Human Resources Manager informs the appropriate department manager/supervisor when the applicant's file is complete.
- The Human Resources Manager, in conjunction with the department manager/supervisor, notifies the applicant of the date of hire either in writing or verbally.
- Competence assessments for staff, students and volunteers who work in the same capacity as staff providing care, treatment and services are based on the following:
 - Populations Served:
 - Staff members must successfully complete competency assessments specific to the age ranges, cultural, ethnic and clinical conditions associated with the population serviced by the department.
 - The specific competencies required by the services provided and departmental scope in the department or unit in which the staff member works (i.e., treatment provided, infection prevention and control issues, medications, equipment).
 - The competencies that are to be assessed during orientation.

- The specified competencies that need to be assessed and reassessed on an ongoing basis, based on techniques, procedures, technology, equipment and/or skills needed to provide care, treatment and services within the given department to the specific patient population served by that department.
- Staff shall have a documented competency assessment completed as a part of their orientation; after the 90-day period of probation, and once every _____ years, or more frequently as defined by HHA policy or law and regulation.
- Assessment methods that are used shall correspond to the skill being assessed (i.e., theory may be assessed through written testing, practical skills may be assessed through direct observation/demonstration). Methods include, but may not be limited to:
 - Written exam
 - Return demonstration
 - Use of simulations
 - Direct observation by qualified supervisor or preceptor:
 - Successful completion of general and unit-specific skills checklist
 - Successful performance of identified procedure
 - Peer review
- Only those individuals who are qualified through licensure, experience and training to assess specific skills will conduct competency assessments:
 - When an individual is not found to assess staff competency, _____ shall be used (individual outside of the organization) *or*
 - Competency guidelines from the appropriate professional organization shall be used to perform staff competency
- When improvement activities lead to a determination that a person with performance problems is unable or unwilling to improve, the staff member's work assignment may be revised, further education and training may be required or other appropriate corrective action(s) may be taken.
- The competence assessment program is continuous and ongoing, with reports of competency outcomes forwarded to the Board of Directors on a regular basis.

SAMPLE ONGOING EDUCATION AND TRAINING POLICY

PURPOSE:

- To provide planned ongoing educational activities for _____ HHA staff that:
 - Develop and enhance staff's skills
 - Broaden and increase staff's knowledge base
 - Maintain and improve staff competency

POLICY:

- This HHA provides educational programs to all direct care staff appropriate to the staff's patient care, treatment and services responsibilities specific to the needs of the patient population served, and as required by applicable laws, regulations and standards.
- Training consists of at least 12 topics applicable to the care and services provided every 12 months.
- Educational programs shall be provided to those staff members whose responsibilities have changed.
- An annual educational program is planned and implemented based on identified staff needs.
- All staff are surveyed biannually to identify educational needs.
- Patient care, treatment and services staff are required to attend or produce evidence of having attended the appropriate number of continuing education programs required by law and regulation to maintain currency of licensure and/or certification.
- All staff members are required to attend, or provide proof of having participated in, mandatory inservice programs. These mandatory inservice training programs include:
 - Promoting consumer dignity, independence, self-determination, privacy, choice and rights, including abuse and neglect prevention and reporting requirements,
 - Behavior Management Techniques;
 - Infection Prevention and Control, including Universal Precautions
 - Disaster and emergency procedures, including Fire Safety
 - Emergency Management
 - The need to report unanticipated adverse events and how to report these events
- HHA administration retains the right to designate other inservice programs as mandatory programs.

INSERVICE RESPONSIBILITIES:

- The Patient Care Services Director/designee is responsible for providing current and factual information to his/her staff regarding performance of their job duties. New processes, procedures or policies governing such duties should be conveyed to the staff in a manner that is

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understandable and reasonable to all involved. Records of such programs are retained as described in this policy.

- The administration will provide up-to-date and factual information to all staff regarding policies, procedures and benefits. In most cases, policies and procedures will be conveyed to department managers who will convey such information to their staff.

PROCEDURE - INSERVICE ATTENDANCE:

- Credit for Attendance at Inservice Programs:
 - In order to receive proper credit for attendance, the staff member shall sign his/her name on the sign-in sheet provided at each meeting.
 - The staff member must attend the entire program and complete an evaluation form in order to receive credit for attendance.
- Continuing Education Credits:
 - Programs for which continuing education credits are offered will be advertised as such.
 - The number of credit hours will be listed with the program information.
 - In order to receive appropriate continuing education credits and a certificate, participants shall:
 - Attend the entire program
 - Sign the attendance sheet
 - Complete an evaluation form
- Record Keeping for Education Programs:
 - Records of education programs shall be maintained in a central location, i.e., Education Department, HHA Clinical Supervisor or administration. Proper record keeping and documentation will be maintained and contain the following information:
 - Names and signatures of all staff who attended the program.
 - Title of the program, name of the individual conducting the program, dates and times the program was conducted, start and end times and the location of the program.
 - A description of the content of the program, instructors and their qualifications, short description of content and staff member's signature.
 - Online or self study will be documented with information as to the content of the training and the entity that offered or produced the training.

- Results of education program evaluation are compiled and summarized by the Education Department.
- Summary reports are evaluated monthly to determine the quality and appropriateness of the education provided and to develop and/or modify future educational programs.
- Summary reports of educational activities and the results of program evaluations are submitted to the Performance Improvement Committee quarterly.
- Education records for individual staff members will be considered valid on either a card made for that staff member showing dates and subjects of programs attended, or on a written form or other sheet of paper containing such information placed in the staff member's personnel file.

SAMPLE CERTIFIED HOME HEALTH AIDE COMPETENCY CHECKLIST

Name: _____

	Date Observed	Nurse's Signature
• Communication skills		
• Observation, reporting and documentation of patient status and the care or service furnished		
• Reading and recording temperature, pulse and respiration		
• Basic infection prevention and control procedures		
• Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor		
• Maintenance of a clean, safe and health environment		
• Recognizing emergencies and knowledge of emergency procedures		
• The physical, emotional and developmental needs of, and ways to work with, the populations served by the HHA, including the need for respect for the patient, his/her privacy and his/her property		
• Vital signs:		
• Blood pressure		
• Pulse (radial)		
• Respirations		
• Temperature:		
▪ Oral		
▪ Axillary		
▪ Rectal		
• Appropriate and safe techniques in personal hygiene and grooming that include:		
• Bath:		
▪ Bed bath		
▪ Tub bath		
▪ Shower		
• Appropriate and safe techniques in personal hygiene and grooming (continued):		

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	Date Observed	Nurse's Signature
• Shampoo - sink, tub or bed		
• Shave:		
▪ Electric razor		
▪ Safety razor		
• Oral hygiene:		
▪ Alert patient		
▪ Unresponsive patient		
▪ Dentures		
• Skin care		
• Fingernail and toenail care		
• Toileting and elimination		
• Safe transfer techniques and ambulation:		
▪ Bed to chair/commode/wheelchair		
▪ Chair to bed (i.e., wheelchair to toilet)		
▪ Assist with ambulation		
▪ Cane		
▪ Crutches		
▪ Pick-up walker		
▪ Wheeled walker		
• Normal range of motion and positioning		
• Adequate nutrition and fluid intake:		
▪ Feed with spoon		
▪ Give liquids with syringe		
• Any other task that the HHA may choose to have the Home Health Aide perform		

Supervisor's Signature : _____ Date: _____

Name

Position(s)

SAMPLE ORIENTATION PLAN

Name _____
Position(s)

ORIENTATION TOPIC	DATE
Agency History, Philosophy, Mission, Corporate Structure, Organization Chart	
Policies and Procedures: Licensure, Certifications, Types of Care/Services provided; Patient-centered Care, Cultural Diversity and Sensitivity	
Compliance Plan, Quality Management, Performance Improvement, OASIS as appropriate	
Incident, Critical Incident, Complaint Reporting	
Infection Control, Personal Hygiene, Aseptic Procedures, Hand Hygiene, Communicable infections, Standard Precautions, Personal Protective Equipment, Cleaning, disinfection & sterilization of equipment & supplies; OSHA compliance	
Job Description, Performance Standards, Responsibilities and Limitations	
Emergency and Disaster Plans	
Consumer Residence Safety (bath, fire, environmental, electrical), Office Safety; Fire Safety; Safe Medical Devices Act; Emergency Preparedness and Communications	
Consumer Rights and Responsibilities, including Advance Directives, Conflict of Interest	
Ethics, Confidentiality, HIPAA	
Payroll, Hours of work, Holiday, sick/personal time, Benefits and Office Procedures	
Consumer Record and Documentation Policies, Requirements for Reimbursement	
Continuing Education procedures and required meetings	
Employee Rules and personnel policies	
Skills competency (verbal and observed)	
Employee Identification, Badge,	
Agency Services, Agency Brochure, Tour of Agency Premise	

Employee Rules have been thoroughly explained to me. I understand its provisions and agree to abide by the Agency's policies and standards of conduct, including maintaining client confidentiality, honest and accurate record keeping and reporting of travel and visits.
Orientation has been satisfactorily completed.

Employee Signature

Date(s)

Supervisor Signature

Date(s)

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SAMPLE PERSONNEL FILE CONTENT CHECKLIST

- Application/Resumes
- Interview Form
- Job Description(s) signed & dated by ee + HCA
 - 1. competence, qualifications, and experience evidence
- References/Dates of Employment/Checks
- Emergency Contact
- DORA Check in Good Standing Yes No
- Exclusions List Checked;
- On Exclusion List Yes No
- Employee Acknowledgement of P&P
- Contract (if applicable)
- Confidentiality Agreement Signed
- Position Description for ALL positions*
- Certificate of Agency Orientation
- Observed Competency Evaluation
- Written Competency Exam Results
- Special Needs Orientation ó (BI, MI, IV, Wound, etc.)
- Safety Rules
- HIPAA Competency
- OSHA Competency
- CDC Infection Control
- Skills Validation Checklist
- Continuing Education (Administrator minimum12)

- Continuing Education (PCW minimum 6)
- Dementia Training (*req'd if HCA promotes services for Alzheimers or related disorders*).
- Proof of Auto Insurance
- CBI or other Criminal Background Check
- Drivers License
- I-9/Residency/E-verify
- Social Security Number
- W-4
- Pay Rate and Position Change Form
- Annual Evaluation
- Separation Form with Reason
- *Position Forms: Start Date _____ End Date _____
- *Qualifications Met HCA Requirements Yes No
- * Licensure type _____ Expiration Date _____

File Reviewer Name & Title _____ Date _____

TITLE: SAMPLE MISSED VISIT POLICY

POLICY: The agency has established a policy for missed visits scheduled with consumers.

PURPOSE: To ensure scheduled care givers provide services as scheduled to consumers (CH. XXVI, SECTION 6.17)

Procedure:

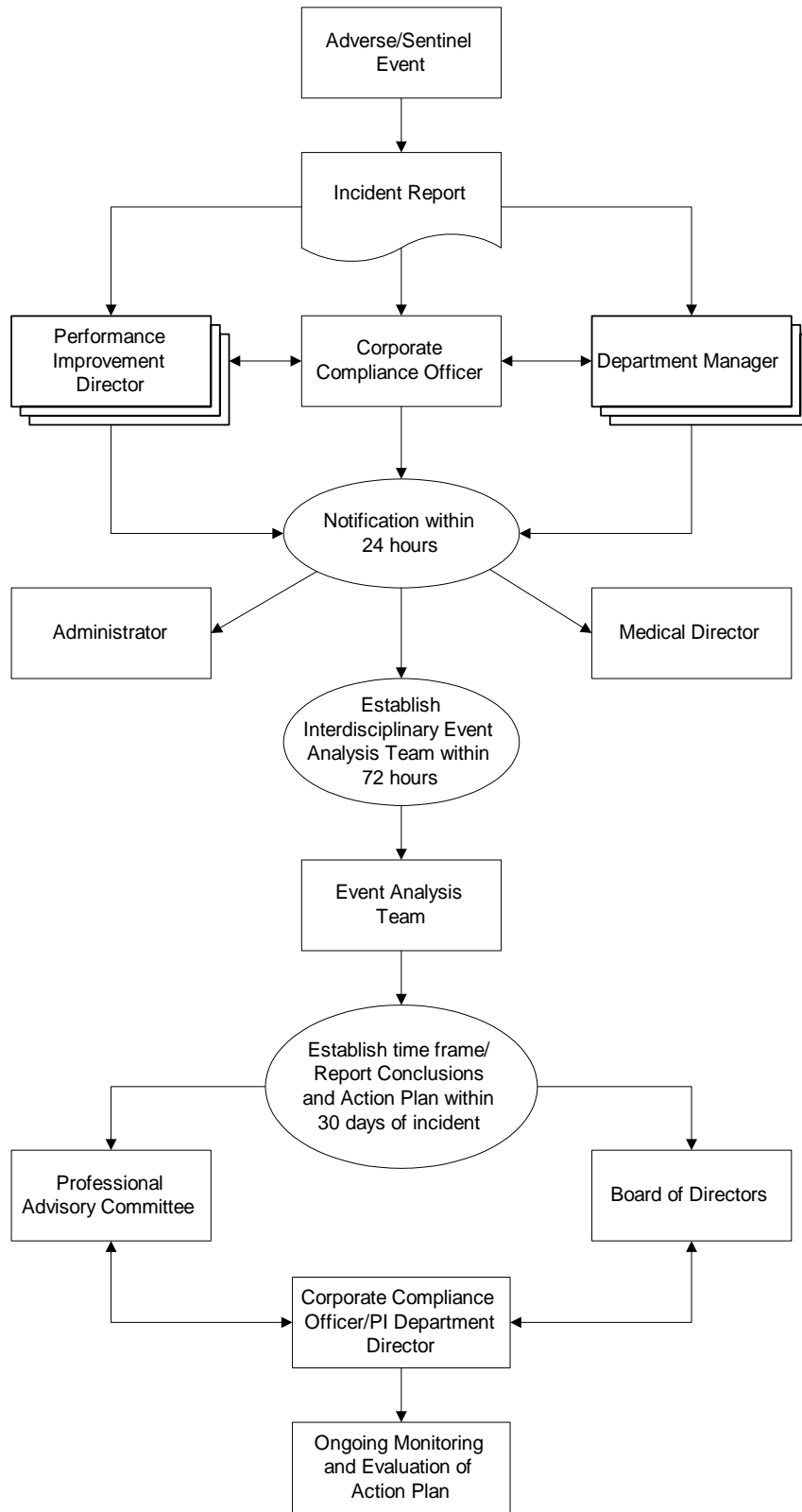
1. ANY AGENCY HOME CARE informs consumer about scheduled visits in advance.
2. Documentation is maintained on scheduled visits by the administrative staff.
3. Any alteration in the schedule is provided to the consumer as soon as practical so all caregivers are required to alert the Office of an employee illness, vacation, holiday or unexpected voluntary or involuntary termination of employment.
4. Alterations in day, time, and task assignment are requested and approved through the Administrative staff with appropriate documentation.
5. Administrative staff will verify all requested alterations in schedule with the consumer to obtain approval and document such communication in writing for the consumer record.
6. If the consumer does not respond to let staff in the home for the scheduled visit, the HCA attempts to ensure the safety of the consumer and the outcome of each attempt will be documented and maintained in the consumer record.
7. If there is a missed visit, services will be provided as agreed upon by the consumer and the HCA.
8. If a consumer has care needs that require care or services to be delivered at specific times or parts of day, only qualified staff in sufficient back up quantity will be assigned or the agency will have other effective back-up plans to ensure the needs of the consumer is met.
9. The back-up plan for scheduled visits does NOT include calling for an ambulance or other emergency services unless the presence of the scheduled staff in the home would still have warranted the summons of emergency services.

APPROVED:

Name & Signature of BOD Representative
1/22/2012
Revised 1/23/2013

Date: _____

ROOT CAUSE ANALYSIS FLOWCHART



XXX Home Care

CHCTC Policies, Procedures, Personnel

PCW Skills Checklist

Name: _____ Date of Hire: _____

<p>*Score Key: 1 = Independent 2 = Performs with Supervision 3 = Requires Professional Development</p>	<p>** Validation Method Key DO = Direct Observation of Patient Care WV ó Written Validation VV = Verbal Validation SV ó Simulated Validation (Observed)</p>	<p>Frequency of Validation ú Core Skills ó validated on hire and annually * Performance Skills ó validated prior to independent performance On Hire ó validated on hire</p>
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Task	Self Evaluation			Skill Validation				Re-Validation (Professional development as needed)			
	Score*	Date	Frequency	Score*	Method**	Initials	Date	Score*	Method**	Initials	Date
I. Infection Control			ú								
A. Hand washing			ú								
B. Personal protective equipment			ú								
C. Bag technique			ú								
D. Hazardous materials/sharps handling and disposal			ú								
E. Equipment cleaning											
F. Other											
II. Vital Signs are Skilled-NOT done											
A. Measure radial pulse											
B. Measure apical pulse											
C. Measure auxiliary temperature											
D. Measure oral temperature											
E. Measure respiration											
F. Measure blood pressure											
III. Bathing and Bed											
A. Give complete bed bath											
B. Give a partial bath											
C. Give tub bath											
D. Perform perineal care											
E. Perform catheter care											
D. Give shower											
F. Shave resident with safety razor											
G. Shave resident with electric razor											
H. Clean dentures											
I. Administer oral hygiene											
J. Clean/ toenails/footcare without use of utensils			*								
K. Clean/ File fingernails without use of utensils			*								

XXX Home Care
 PCW Skills Checklist

CHCTC Policies, Procedures, Personnel

Task	Self Evaluation			Skill Validation				Re-Validation (Professional development as needed)			
	Score*	Date	Frequency	Score*	Method**	Initials	Date	Score*	Method**	Initials	Date
L. Shampoo hair											
M. Comb resident's hair											
N. Care of eye glasses											
O. Make unoccupied bed											
P. Make occupied bed											
Q. Handle clean linen											
R. Handle dirty linen			ú								
S. Cleanse an incontinent resident											
IV. Pt. movement and transfers											
A. Turn patient toward you											
B. Turn patient away from you											
C. Sit on edge of bed (dangling)											
D. Transfer resident from bed to chair											
E. Assist with Ambulation											
F. NO Perform ROM & why											
G. Demonstrate proper use of gait belt											
V. Bowel and Bladder											
A. Empty an ostomy bag			*								
B. Assist to bathroom											
C. Assist to bedside commode											
D. Assist with bedpan/fracture pan											
E. Assist to use a urinal											
F. Change adult brief											
G. Empty urinary drainage bag											
H. Measure & record I & O											
I. Foley Catheter Site Cleaning			ú								
VI. ADLs											
A. Assist with eating											
B. Assist with dressing											
C. Applying Non-prescription Compression Socks											
D. Encourage fluids											
E. Apply lotion											
F. Other											
VII. Documentation											
A. Record/report care given											
B. Other											
VII. Emergency Reporting											
A. Reporting Incidents/Emergencies											
B. Reporting Changes in Condition											

*Unless contraindicated

Competency Evaluator: _____ Initials: _____ Date: _____

**ADMINISTRATOR
ANNUAL COMPETENCY SKILLS ASSESSMENT
EVALUATION OF CARE PERFORMANCE
HOME CARE SERVICES**

1 = Cannot Perform Skills Independently

2 = Requires Some Assistance to Perform Skills

3 = Can Perform Skill Independently

NA = Not Applicable

• Demonstrates knowledge of the Patient Care Services Director's role in the absence of the Administrator.	1	2	3	NA
• Demonstrates knowledge of the HHA's security plan.	1	2	3	NA
• Demonstrates knowledge of the current Medicare requirements for home care reimbursement.	1	2	3	NA
• Keeps up-to-date on new developments in regard to state and federal regulatory agencies.	1	2	3	NA
• Demonstrates strong, accurate decision making capabilities.	1	2	3	NA
• Demonstrates thorough knowledge and understanding of the functions of the HHA.	1	2	3	NA
• Demonstrates the ability to plan, coordinate, direct and control the health services of the HHA.	1	2	3	NA
• Demonstrates thorough knowledge and understanding of the accrediting organization standards, federal, state and local regulations, and OASIS.	1	2	3	NA
• Maintains a good working relationship with the administrator and staff.	1	2	3	NA
• Assures quality care by reviewing and assessing each service.	1	2	3	NA
• Demonstrates competency in general nursing theory, techniques and practice.	1	2	3	NA
• Documentation meets current standards and policies.	1	2	3	NA
• Demonstrates the knowledge and ability to be a resource person for the HHA staff.	1	2	3	NA
• Demonstrates knowledge of infection prevention and control policies and procedures, i.e., Standard Precautions, Transmission-Based Precautions, personal protective equipment, aseptic technique, hand hygiene.	1	2	3	NA

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•	HHA Direction:				
•	Oversight of nursing and professional staff	1	2	3	NA
•	Staffing	1	2	3	NA
•	Performance evaluations	1	2	3	NA
•	Staff education: inservices, orientation	1	2	3	NA
•	Infection prevention and control processes	1	2	3	NA
•	Safety precautions	1	2	3	NA
•	Security precautions	1	2	3	NA
•	Assists with annual budget	1	2	3	NA
•	Patient complaints	1	2	3	NA
•	Conflict resolution	1	2	3	NA
•	Demonstrates knowledge and ability to perform the following:				
•	Intake Service: Admission Record, Orders for Service	1	2	3	NA
•	Patient Assessments and Reassessments	1	2	3	NA
•	Nursing process - assessment; intervention; (including pain assessment, reassessment, management and patient/family education regarding pain), etc.	1	2	3	NA
•	Plan of Care	1	2	3	NA
•	Discharge Planning	1	2	3	NA
•	OASIS Data Collection	1	2	3	NA
•	Waived Testing: Evaluation includes written evaluation of theory; direct observation of test performance by a qualified proctor; direct observation of quality control methodologies (equipment calibration, outdating, troubleshooting, quality control and remedial actions, documentation of quality control measures), if applicable.	1	2	3	NA
•	List waived testing performed:				
•	Blood glucose monitoring	1	2	3	NA
•	Fecal occult blood testing	1	2	3	NA
•	Reagent strips for Urinalysis	1	2	3	NA
•	Other	1	2	3	NA
•	List criteria for identification of abuse victims:				
•	Infant/child	1	2	3	NA

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• Adolescent	1	2	3	NA
• Elderly	1	2	3	NA
• Domestic abuse	1	2	3	NA
• Fiduciary	1	2	3	NA
• Neglect	1	2	3	NA
• Demonstrates competence in reporting victims of abuse according to established facility standards and state and local laws.	1	2	3	NA
• Demonstrates knowledge of and follows organization policies regarding the applicable National Patient Safety Goals. (See NPSGs Competency Form)	1	2	3	NA
• Demonstrates competency in the knowledge of the delivery of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.	1	2	3	NA
• Demonstrates the knowledge of proper identification and reporting of medical/health care errors. Protects the patient in the event of a medical/health care error and, as appropriate, assists in medical/health care error resolution.	1	2	3	NA
• Demonstrates knowledge of role in Emergency Operations Plan.	1	2	3	NA
• HHA Environment - Able to locate and/or demonstrate knowledge of:				
• HHA directory	1	2	3	NA
• Physician directory	1	2	3	NA
• Hospital directory	1	2	3	NA
• Telephone system	1	2	3	NA
• Beeper system	1	2	3	NA
• Fax	1	2	3	NA
• Computer system	1	2	3	NA
• Charge system	1	2	3	NA
• Fire Equipment:				
■ Alarms	1	2	3	NA
■ Fire extinguishers	1	2	3	NA
■ Exit doors	1	2	3	NA
• HHA Organization - Able to describe roles and functions of:				
• Home Health Administrator	1	2	3	NA

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•	Board of Directors	1	2	3	NA
•	Medical Director	1	2	3	NA
•	Physicians	1	2	3	NA
•	Ethics Committee	1	2	3	NA
•	Case Manager	1	2	3	NA
•	Clinical Supervisor	1	2	3	NA
•	Nursing Staff	1	2	3	NA
•	Pharmacy	1	2	3	NA
•	Other	1	2	3	NA
•	HHA Resources - Able to locate and demonstrate the use of:				
•	Reviews and revises Home Health Policy and Procedure Manual	1	2	3	NA
•	Infection Prevention and Control Manual	1	2	3	NA
•	OASIS Policy and User Manual	1	2	3	NA
•	Fire/Safety Manual	1	2	3	NA
•	Emergency Management Manual	1	2	3	NA
•	Safety Data Sheets (SDS) Manual	1	2	3	NA
•	Patient Teaching Material/Aids	1	2	3	NA
•	PDR/Drug Reference Manual	1	2	3	NA
•	Specific Reference Materials/Community Resources	1	2	3	NA
•	PI Documentation	1	2	3	NA
•	Other	1	2	3	NA
•	HHA Routines - Able to describe, locate, and/or demonstrate knowledge of:				
•	Communication System:				
■	Bulletin boards	1	2	3	NA
■	Logbooks	1	2	3	NA
■	Meeting minutes	1	2	3	NA
■	Reports/memos/statistics	1	2	3	NA
■	Ordering supplies	1	2	3	NA
•	Cultural Factors:				

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• Religion	1	2	3	NA
• Food preferences	1	2	3	NA
• Family/community relationships	1	2	3	NA
• Healthcare attitudes/understanding	1	2	3	NA
• Trust/privacy needs	1	2	3	NA
• Socioeconomic environment	1	2	3	NA

SCORING:

- 80 to 100% = Exceeds Performance
- 50 to 79% = Expected Performance
- 0 to 49% = Needs Improvement

(Note: Be sure to not calculate those skills which have been documented as NA)

Skills rated 3 X the number: _____

Skills rated 2 X the number: _____

Skills rated 1 X the number: _____

Add the above numbers to obtain the Employee's Score: _____

(Employee's Score ÷ Maximum Score = _____ X 100 = The Employee's Score in a Percentage)

EXAMPLE:

77 skills are on the competency; two (2) of those skills are not applicable for this employee. Therefore, the employee was evaluated on 75 skills for a maximum score of 75 X 3 = 225.

The employee received:

Skills rated 3 X the number: (40 Skills X 3) = 120

Skills rated 2 X the number: (30 Skills X 2) = 60

Skills rated 1 X the number: (5 Skills X 1) = 5

Add the above numbers to obtain the Employee's Score: 120 + 60 + 5 = 185

(185 ÷ 225 = .82 X 100 = 82.2%. The employee's score falls into the category of Exceeds Performance.)

Identified Areas that Require Improvement:

Comments:

Name: _____ Title: _____

Date: _____

Signature of Supervisor: _____

Signature of Staff Member: _____

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