# COLORADO HEALTH CARE TRAINING & CONSULTING

The source for home care education, including CDPHE-approved Licensure training programs.

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First-time Administrators

First-time Alternates

Seasoned Administrators, Alternates

Governing Board Members & Candidates

QMP Personnel Medical Director

Advisors, Professional Assistance

Community, Consumer Advisors

Marketing Staff

New Hires, Candidates for Hire

Audience

# PART II POLICY, PROCEDURE & PERSONNEL
## 2 HOURS F2F = 2 CEU

**7.8 A, B, C PERSONNEL**
**7.8 D ONGOING TRAINING ORIENTATION REQUIREMENTS IN**
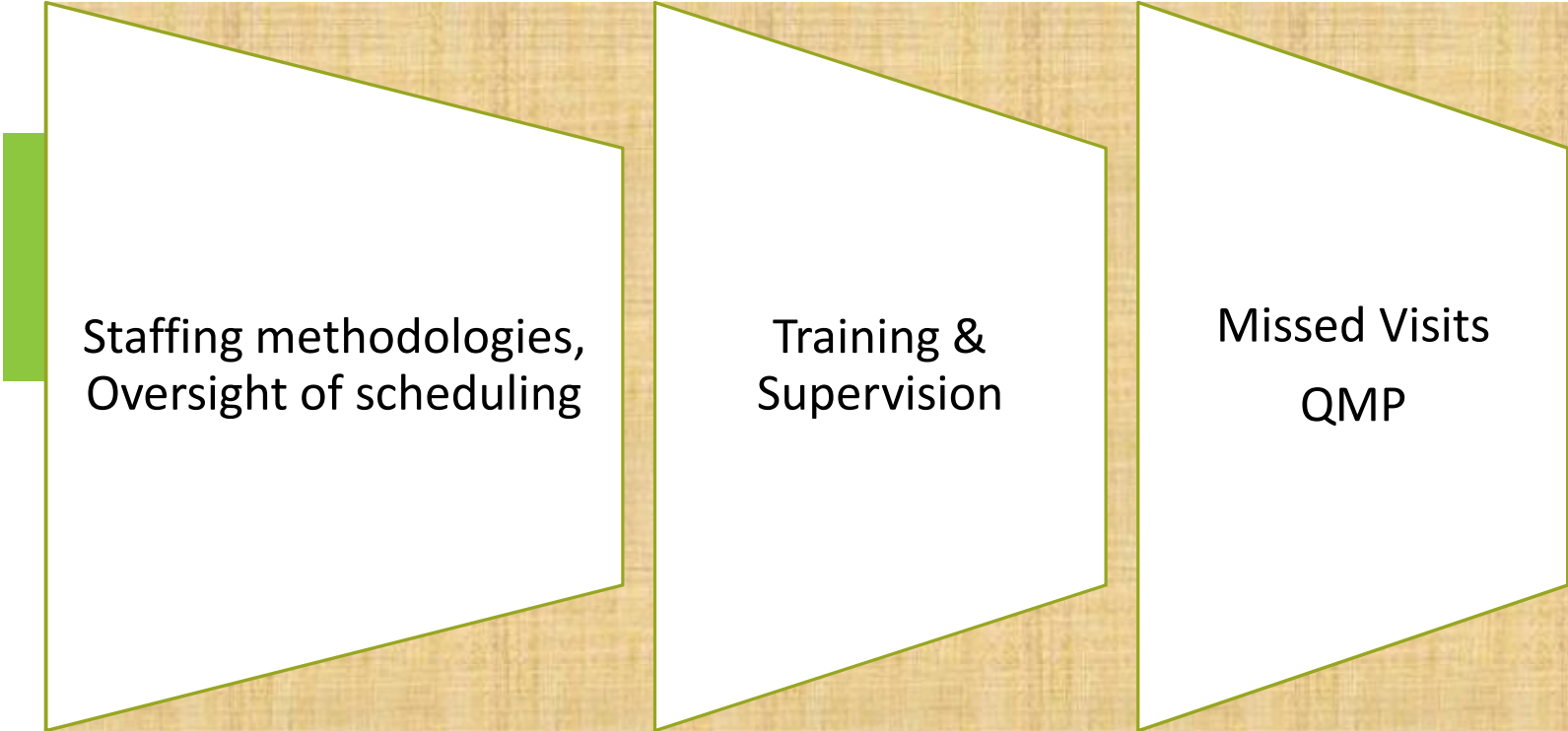**-GENERAL PERSONNEL RECORD ITEM (6.11)**
**-EXTENDED CARE AGENCIES (7.13)**
**-CERTIFIED NURSE AIDES (7.15)**
**-PERSONNEL CARE WORKERS (8.3 D (2)(D), (8.5D)**

**CITATIONS I & II:**

# AGENDA

Staffing methodologies, Oversight of scheduling

Training & Supervision

Missed Visits
QMP

# Workshop Objectives

After this course, you will be able to:

- Describe the Administrator role in HR Development and all of its components,

- Analyze surveyor probes used to ascertain agency compliance with Personnel standards or regulations

- Create performance evaluations and discuss why they are important.

- Discuss how today's referral sources are increasing the vetting process of home care providers for round-the-clock care, large geographical coverage and care for higher acuity clients.

# Workshop Objectives

After this course, you will be able to:

- Define and operationalize the term <u>oversight</u>,

- Identify five areas of staffing and scheduling oversight that are often overlooked to assess areas of improvement in your agency,

- Communicate staffing objectives as it relates to consumer rights and communication,

- Analyze oversight issues identified in quality improvement activities,

- Examine staffing and scheduling as together as one of the largest single factors of poor financial, productivity and quality performance.

# INTRODUCTION

# Administrator Challenges

- The number of challenges that you face on a daily basis continue to escalate. To meet the needs of patients and their families, home care administrators need to stay current about a wide array of topics to meet those challenges.

- Human resource development has been identified as a primary area where essential knowledge and skill is needed.

# Changing US Demographics

- Individuals who are aged 65 years and older continue to use the majority of home care services even though such services are available to all age groups.

- America is experiencing a dramatic shift in demographics, and in 2019, people older than 65 years will (do) outnumber those younger than five.

# HR resource development

Personnel practices (recruitment, retention, evaluation, termination, compensation)

Job analysis/staffing

Efficiency/effectiveness (productivity)

Supervision (orientation, evaluation, coaching, mentoring, maintenance, development)

Continuing education, on-the-job / in-service training

# STAFFING METHODOLOGIES
# AND
# OVERSIGHT OF SCHEDULING

7.6(C)(7),

8.3(D)(2)(d)

# STAFFING & SCHEDULING OVERSIGHT DETERMINE AGENCY PRODUCTIVITY

Clinical staffing and scheduling is one of the largest single factors of poor financial, productivity and quality performance. *(Premier Healthcare Alliance)*

# Oversight definition

o·ver·sight

ōvər sīt/

*Noun*

**"an unintentional failure to notice or do something."**

***synonyms:*** *mistake, error, omission, lapse, slip, blunder*

*Merriam-Webster*

# Staffing and scheduling oversight

Admission to agency

Emergency planning

Staffing shortfalls or leave coverage

Unexpected staff shortage

Specialized service and temporary coverage

Oversight of Scheduling and Staffing

In 5.2 (C) (of 6 CCR 1011-1, Ch. 26), the agency shall submit to the department a list of the contiguous counties that it plans to serve and assure
- ✓ *adequate staffing,*
- ✓ *supervision,*
- ✓ *consumer care and services*

are provided within the declared geographical area.

# Oversight of Scheduling and Staffing

Your agency declared a contiguous geographical area before it even got a license.

If you are new to your agency, check this geographical coverage area for your agency to ensure you are operating and admitting clients within boundaries identified in your license application.

19          19

# Client location and address are key data inputs needed when a referral is received

# Client geographical location is a key criteria in the referral/intake protocol or policy

# The agency policy or protocol for admission contains all other criteria that need to be met before a referral client is admitted for care.



The screenshot shows a document titled:

### INTAKE / REFERRAL PROTOCOL

1. Referral received (via telephone or facsimile),
2. Physician orders for patient initial evaluation and treat received,
3. **Office Intake / Clinical Staff to determine whether referred client meets the agency's eligibility criteria:**

   - The patient is a under the care of a physician who is willing to provide a face-to-face encounter and the required orders for care and services.
   - The patient has a need for home care, as defined by the specific payor source
   - The patient desires home care services
   - The patient resides within the agency's geographic service area
   - The patient's home and environment is adequate for safe and effective home care. If not, the patient/authorized representative will be instructed on any corrective measures that are necessary
   - The agency is able provide the level of care required
   - For Medicare patients, the patient meets the definition of "homebound", as defined by Federal regulations

4. If the **patient does not meet the eligibility criteria**, the patient will not be admitted. The referral source will notified, along with the patient/family and physician as appropriate.

5. If the **patient requires care and services that are not available at the time of referral**, the agency will advise the patient's primary care provider and the patient or authorized representative. The agency will only admit the patient if the primary care provider and the patient or their authorized representative agree the ordered services can be delayed or discontinued.

6. If the **patient meets the eligibility criteria and care and services can be provided** by the Agency, the supervising nurse, or their designee, will assign a clinician to conduct the

# A client will not be admitted if s/he does not meet all eligibility criteria specified by the agency.

# WE SEE THAT OVERSIGHT OF ADMISSIONS AND REFERRALS IS A KEY DUTY OF THE ADMINISTRATOR

# Scheduling and Staffing in day-to-day care/services

**Section 5.2 means that** the Administrator (or designee) has a duty to determine a staffing pattern that will accomplish adequate staff coverage and supervision for all client care and services.

# 6.12 Emergency Preparedness includes oversight of scheduling and staffing

(A) The home care agency (HCA) shall have a written emergency preparedness plan that is designed to manage consumers' care and services in response to the consequences of natural disasters or other emergencies that disrupt the agency's ability to provide care and services or threatens the lives or safety of its consumers.

# 6.12 Emergency Preparedness includes oversight of scheduling and staffing

B.(3) Adequate <u>staff education </u>on emergency preparedness so that staff safety is assured.

(C) The agency shall review its emergency preparedness plan after any incident response and on an annual basis, and incorporate into policy any substantive changes.

# 6.12 Emergency Preparedness includes oversight of scheduling and staffing

Includes the process and role to address <u>surge needs</u> during an emergency in your Emergency Preparedness Plan

Names and contact information for the following:

(i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers (v) Branch staff

# 6.12 Emergency Preparedness includes oversight of scheduling and staffing

Contact information for the following:

(i) Federal, State, tribal, regional, or local emergency preparedness staff.

(ii) Other sources of assistance.

# Contract Staff & 'Services provided directly'

- Contracted staffing may supplement, but may not be used in lieu of, HHA staffing for services provided directly by the skilled HCA.

- In addition, the use of contracted staff in a service provided directly by the HHA may occur only on a temporary basis to provide coverage for unexpected HHA staffing shortages, or to provide a specialized service that HHA employees cannot provide.

# 7.13 D. Contracted staff

(3) The contracted staff shall have completed the agency orientation and competency appraisal for provisions of care and services for the extended care consumer.* Staff credentialing, orientation and competency appraisal documentation shall be kept at the primary agency.

*6 or more hours of skilled care in a 24-hour period of time

# Consumer rights and effective means of communication

6.4 A(2)(a) The consumer or authorized representative, …has the right to be informed to be informed of the consumer's rights through an **effective means of communication.**

# Consumer rights and effective means of communication

Language assistance should be provided through the use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation, translation services, or technology and telephonic interpretation services.

• All agency staff should be trained to identify patients with any language barriers which may prevent effective communication of the rights and responsibilities. Staff that have on-going contact with patients who have  language barriers, should be trained in effective communication techniques, including the effective use of an interpreter. *(1/18/2018 COP 484.50(a)(1)(i))*

# Consumer rights and training/competency testing

6.4 (3) The consumer or authorized representative, upon request to the HCA, has the right to be informed of the full name, licensure status, staff position and employer of all persons with whom the consumer has contact and _who is supplying, staffing or supervising care or services._ The consumer has the right to be served by agency **staff that is properly trained and competent** to perform their duties.

# Consumer rights and staffing

6.4 (5)  The consumer or authorized representative has the right to express complaints verbally or in writing about services or care that is or is not furnished, **or about the lack of respect for the consumer's person** or property by anyone who is furnishing services on behalf of the HCA.

# Staffing and Respect for Property

…Respect for Property: The patient has the right to expect the HHA staff will respect his or her property and person while in the patient's home. The HHA must ensure that during home visits the patient's property, both inside and outside the home, is not stolen, damaged, or misplaced by HHA staff.  *(COPs 1/13/2018 §484.50(c)(1))*.

# Staffing and Lack of Respect for Person

…the patient must be treated by the HHA as an active partner in the delivery of care. The HHA should make all reasonable attempts to respect the preferences of the patient regarding the services that will be delivered, such as ***the HHA visit schedule, which should be made at the convenience of the patient rather than of the agency personnel.*** The HHA must keep the patient informed of the visit schedule and timely and promptly notify the patient when scheduled services are changed *(COPs 1/13/2019).*

# Staffing and Lack of Respect for Person

…the patient must be treated by the HHA as an active partner in the delivery of care. The HHA should make all reasonable attempts to respect the preferences of the patient regarding the services that will be delivered, such as ***the HHA visit schedule, which should be made at the convenience of the patient rather than of the agency personnel.*** The HHA must keep the patient informed of the visit schedule and timely and promptly notify the patient when scheduled services are changed *(COPs 1/13/2019).*

# Staffing and Scheduling Summary

All agencies need to use a method for evaluating the current productivity of staff who provide direct services to clients.

Once current productivity is determined, a productivity standard is developed and an evaluation made whether there is a need for a productivity improvement program.

# Staffing and Scheduling Summary

Five (5) dimensions of review are included in a productivity improvement program:

1) Systematic education of all personnel

2) Assessment of total operations

3) Definition of adequate staffing & performance

4) Implementation of incentives for increased productivity

5) Continual evaluation of productivity standards (Harris, 5th ed., p. 481)

# Staffing Policy*

**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.

# Staffing Policy*

1. The agency will define the personnel qualifications and staffing needs using the following factors:

- The <u>needs of the patients</u> served by the agency

- The <u>scope of care</u> provided by the agency

- The average length of stay and patient <u>acuity</u>

- The <u>geographic location served</u> by the agency, including <u>average travel time</u>

# Staffing Policy*

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, <mark>prior to accepting the patient.</mark>

4. Assignment of staff will 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.

# Staffing Policy*

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

# Staffing Policy*

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.

# Staffing Policy*

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)*

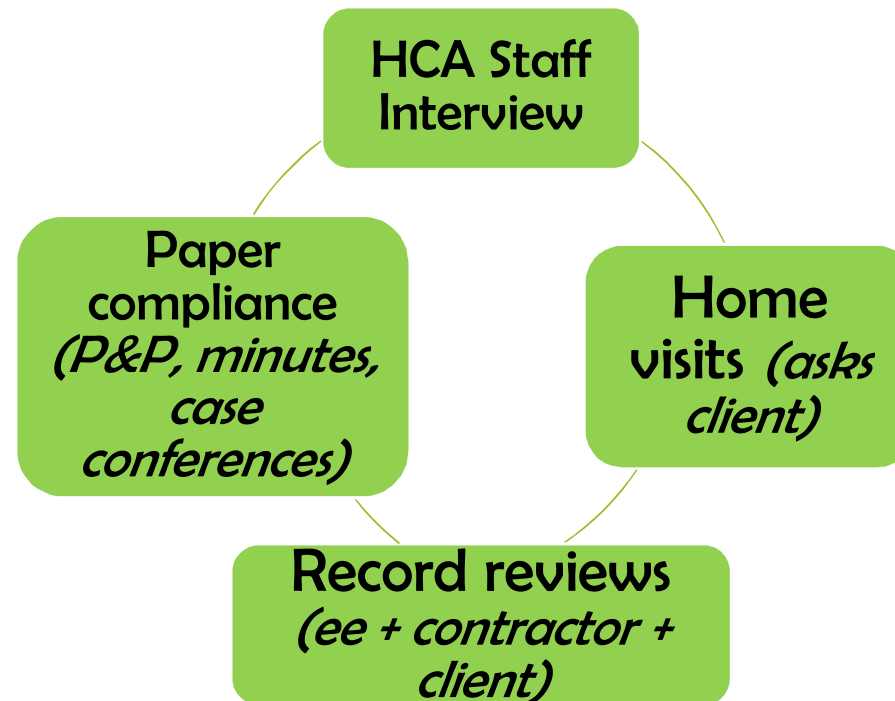- *Decline incoming referrals*

# Staffing Policy*

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.

# Oversight of Scheduling and Staffing

- The Administrator (or designee) has a duty to <u>determine a staffing pattern</u> that will accomplish the Agency's stated objectives and promote efficient and effective level of utilization of staff.

# Surveyors review and compare info from all sources to test congruency

HCA Staff Interview

Home visits *(asks client)*

Record reviews *(ee + contractor + client)*

Paper compliance *(P&P, minutes, case conferences)*

26-6.17(A)(1) Gen Req-Missed Visits-Replacement Planning: The HCA's policy shall address processes for HCA planning for coverage of employee illness, vacation, holidays and unexpected voluntary or involuntary termination of employment.

**Citation:** Missed visits

The agency failed to provide documentation that showed it had a reliable process for rescheduling missed visits or offering replacement staff when the consumer's usual staff was unavailable.

**Citation:** Missed visits

One agency was cited for failing to provide home health aide services as frequently as ordered. For one patient, aide services were ordered for three to five times per week. The agency failed to provide <u>any</u> aide services at all during one week and provided only two visits during another.

**Citation:** Missed visits

Regulation Description: If the HCA admits consumers with needs that require care or services to be delivered at specific times or parts of day, the HCA shall ensure qualified staff in sufficient quantity are employed by the agency or have other effective back-up plans to ensure the needs of the consumer is met.

**Citation:** Regulation Title: Gen Req-Missed Visits - Spec Time Req - Regulation Number:0259

Surveyor Findings:

Based on interview and record review, the agency failed to ensure sufficient staff were employed to deliver services at consumer specific times and days or have other effective back-up plans to ensure the needs of the consumer were met. This failure was found in one of three Medicaid consumer records reviewed (Consumer #1).

**Citation:** Regulation Title: Gen Req-Missed Visits - Spec Time Req - Regulation Number:0259

The failure to have sufficient staff to cover consumer's needs for specific times and days and the failure to have other effective back-up plans to meet those scheduling needs resulted in inconsistent provision of services and care for which the consumer had contracted for and needed, to remain safe in home and community.

**Citation:** Regulation Title: Gen Req-Missed Visits - Spec Time Req - Regulation Number:0259

# Investigate staffing patterns:

- Identify problem staffing patterns:

- A pattern is a "consistent and recurring characteristic that helps in identification of a phenomenon or problem and serves as a model for predicting future behavior.."
http://www.businessdictionary.com/definition/pattern.html

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# Examples of Patterns

- Weekend visit needs

- Special or daily needs

- Infusion consumers

- Extended care consumers

- High Tech cases

- Behavioral issues, noncompliant clients

- Can you identify others?

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# Tally patterns + perform root cause analysis*

- Develop data-gathering processes

- Analyze

- Be mindful of difficulty in pinpointing exact cause and effect(s)

- The goal is to present documentation of the investigation as evidence.

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# Overcoming Oversight issues

Consider the ACHC requirements…

- Designate a person <u>and</u> alternate, responsible for the
  - Direction, coordination, and overall supervision of…
  - Each type of service provided by the organization either directly or by contract.

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# Define the Oversight issue(s) that exist

- Service type
- Service purpose
- Discipline of clinician
- Agency staffing ratio policy
- Special consumer needs
- Skilled versus nonmedical agency
- Assignment of Responsibility

# Analyze Staffing Ratios

- What is your minimum ratio for clinician to consumer?

- How is that ratio controlled? Who is monitoring?

- What about Therapy Assistants and LPNs?

- Do Clinicians who do "opens" have a different ratio than those who do not?

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# Analyze Staffing Ratios

- Is there a maximum number of visits per day or week allowed?

- For Full-time salaried, is there a minimum # of visits?

- How is this addressed in your
  - Policies and procedures?
  - Orientation?
  - On-going training?

# Entertain staffing innovation

- Staggered hours: assigned different start/end times

- Flextime: EE selection of consistent start/end times.

- Gliding time: EE selection of variable start/end daily.

- Variable day: EE hours worked each day vary as long as established weekly/ monthly hours met.

- Maxiflex:  EE vary daily schedule AND have no core time for availability

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# Pilot staffing innovation

- Plan a limited test time and evaluate

-  3 to 6 months

- Identify objectives in offering flextime

- Feasibility can be department-specific

- Establish evaluation criteria in advance


Got an Idea?

# Staffing innovation creates other staff-driven solutions

- 4-day, 10-hour schedule

- Three, 9-hour days and one 4-hour day

- Four 9-hour days

- Apply to any job description

- Align support and supervisory staff with direct care staff schedules


Got an Idea?

# Analyze Staffing "norms"

For example,

- If the HHA receives a call requiring a non-scheduled Sup Visit, what is the process for arranging schedules?

- What amount of time is allotted to Sup visit? What is your agency "norm?"

- Is there a maximum # of sup visits per day?

# Assess Staffing effectiveness

- Clinical and service indicators will be utilized in combination with human resource screening indicators to assess staffing effectiveness.

- Attempt to discover the relationship between staffing and patient outcomes.

- Then revisions in staffing plans and processes will be made according to the evaluation of staff effectiveness.

# Identify Staffing goals

- There will always be coverage from 7 am to 7 pm.
- Established office hours will always have adequate staff.
- Productivity will meet or exceed budgeted levels.
- Patient / consumer needs and desires will be met

# Identify Staffing goals

- Management time spent on "special" requests by staff will decrease.

- Reduced missed visits and absenteeism will occur.

- Increase capacity to cover client care OTHER than 8 am to 5 pm

# Staffing resource

- Safe Staffing Literature Review (March 2017)
- Evidenced Based Key Research Findings
- http://nursingworld.org/SafeStaffing-LiteratureReview

# Adequacy of qualified staff

- To ensure that the HCA has an <span style="color:red">adequate</span> number of appropriate <span style="color:red">qualified staff</span> (employees and contracted staff) to provide quality patient care or services consistent with the mission, vision and goals of the organization, thereby <span style="color:red">promoting positive patient outcomes</span> and <span style="color:red">ensuring compliance</span> with State and Federal regulatory requirements.

# Citation: Regulation Title: Gen Req-Admissions-Acceptance

Regulation Description: Agencies shall only accept consumers for care or services on the basis of a reasonable assurance that the needs of the consumer can be met adequately by the agency in the individual's temporary or permanent home or place of residence.

# Deficiency: Gen Req-Admissions-Acceptance

Based on interview and record review, the agency failed to ensure consumers were accepted for treatment on the basis of a reasonable expectation that the consumer's needs could be met by the agency in the consumer's place of residence for 3 of 9 consumers reviewed who required physical therapy (PT) services (Consumer #15, #16 and #19) and 1 of 9 consumers receiving CNA (certified nurse aide) services.

# Deficiency: Gen Req-Admissions-Acceptance

Failure to ensure the agency accepted only those consumers whose needs could adequately be met by the agency created the potential for inadequate consumer care and unmet consumer care needs.

(Clinical) record review revealed the agency failed to

a) provide (PT) services as ordered by the physician.

b) provide (CNA) services as assessed by the RN.

# QMP activity

- What metric identification is involved in no PT going to client as ordered?

- What metric identification is involved in no Nurse Aide going to client as ordered?

# QMP action

- Metric identification 100% of disciplines ordered will be schedule

- Metrics to include _____

- Metrics to include response time new order / need

- Training will include audit processes for metric goals

# QMP action

- Timely accurate assessments,

- Plans of Care meeting patient needs including accurate frequency/duration and treatment orders;

- Chart audit to be documented and presented to _____.

# QMP action

- 95% accuracy for three (3) months
- 100% accuracy thereafter

# SUPERVISION

# Supervision definition

from 6 CCR 1011-1, Ch. 26

3.29. **Services that require supervision**…*"Skilled home health services" means health and medical services furnished in the consumer's temporary or permanent place of residence that include wound care services; use of medical supplies including drugs and biologicals prescribed by a physician; in-home infusion services; nursing services; or certified nurse aide services that require the supervision of a licensed or certified health care professional acting within the scope of his or her license or certificate…*

# Supervision definition

from 6 CCR 1011-1, Ch. 26

3.32 "Supervision" means authoritative procedural guidance by a qualified person for the accomplishment of a function or activity.

6 CCR, 1011-1, Ch. 26

# 6.3 Criminal history record checks

- (A) Effective June 1, 2015, the HCA shall require any individual seeking employment with the agency to submit to a criminal history record check to ascertain whether the individual seeking employment has been convicted of a felony or misdemeanor, which felony or misdemeanor involves conduct that the agency determines could pose a risk to the health, safety or welfare of home care consumers.

# Criminal history record checks

- Negligent hiring and supervision practices are of great concern in home care.

- Courts have held that home care has a duty to protect the clients for whom they care.

- Assistance and care provided in the privacy of a patient's home is causing heightened scrutiny about "reasonable hiring practices" that will continue to increase.

# Minimum protections in hiring any worker

- Verification of valid, current and appropriate licensure or certification,

- Diligent verification of employment & personal references as to appropriate character and demeanor

- Controversial categories of workers as contractor blurs the Agency's measure of control over such workers

# Supervisor

- Skilled nursing services are provided by or supervised by a registered nurse.

- Supervisory staff is available <u>at all times</u> during operational hours.

# Supervisor Non-medical

Supervision of a <u>personal care worker</u> shall:

(1) Be performed by a qualified employee of the agency who is in a designated supervisory capacity and <u>available to the worker for questions at all times</u>;

(2) Include evaluation of each personal care worker providing services at **least annually**. The evaluation shall include observation of tasks performed and relationship with the consumer; and

(3) Provide on-site supervision at **a minimum of every three (3) months** and include an assessment of consumer satisfaction with services and the personal care worker's adherence to the service plan

# Supervisor competency

- Job description for Supervisor includes competencies required.

- Check personnel records for evidence of supervisor competencies

- Identify non-clinical competencies needed to function adequately, such as:
  - Leadership
  - Communication
  - Interviewing
  - Staff education and development
  - Counseling and coaching
  - Orientation requirements,
  - On-call responsibilities
  - Intake and referrals
  - Scheduling
  - Cost-effectiveness
  - Performance improvement
  - Emergency preparedness

# Supervisor competency

- Job description for Supervisor includes competencies required.

- Personnel records of Supervisors have evidence of supervisor competencies

- Identify non-clinical competencies needed to function adequately, such as:
  - Leadership
  - Communication
  - Interviewing

- Staff education and development
- Counseling and coaching
- Orientation requirements,
- On-call responsibilities
- Intake and referrals
- Matching staff competencies to patient needs
- Patient and family ongoing contact,
- Scheduling
- Cost-effectiveness
- Performance improvement
- Emergency preparedness

- Interview and record review showed the supervising nurse failed to provide adequate oversight to ensure nursing services regularly re-evaluate the nursing needs for 5 of 17 current consumers receiving nursing services.

**Regulation Title:** Supervision

The RN failed to regularly re-evaluate the consumer after surgery for placement of prosthetic device for Consumer #15.

**Citation:** Supervision

DON failed to provide appropriate oversight of the skilled nursing services provided.

Further, it was identified that the quality improvement/ management process was not sufficient to support such oversight.

**Citation:** QMP inadequate in identifying lack of oversight

Interview record review showed the supervising nurse failed to ensure nursing services prepared clinical and progress notes, coordinated services and informed the physician of changes in the consumer's condition and needs for x of x consumers receiving skilled nursing services resulting in hospitalization for Consumers x and x.

**Citation:** Supervision

# ANNUAL PERFORMANCE EVALUATION*

## EMPLOYEE ANNUAL PERFORMANCE EVALUATION

6.11 Personnel records and policies

(A) Agency policy shall direct any program or service offered by the HCA directly or under arrangement is provided in accordance with the plan of care and agency policy and procedure.

(1) The HCA shall define the required competence, qualifications, and experience of staff in each program or service it provides.

(2) Personnel policies shall be available to all full and part-time employees.

(B) Personnel records for all employees shall include references, dates of employment and separation from the agency, and the reason for separation. Personnel records for all employees shall also include:

## EMPLOYEE ANNUAL PERFORMANCE EVALUATION

**6.11 continued**

(1) Qualifications and licensure that are kept current.

(a) Qualifications include confirmation of type and depth of experience, advanced skills, training and education; and appropriate, detailed and observed competency evaluation and written testing overseen by a person with the same or higher validated qualifications.

(2) Orientation to the agency,

(3) Job descriptions for all positions assigned by the agency, and

(4) Annual performance evaluation for each employee.

## EMPLOYEE ANNUAL PERFORMANCE EVALUATION

6.11 B. (4) Annual performance evaluation for each employee.

*BEST PRACTICE: The competency of staff will be evaluated at least annually as part of the employee's performance evaluation (Marilyn Harris)*

BEWARE of the perception that performance management is something of a punitive process.  And some think, if not punitive, it is often carried out in a condescending or demeaning manner.

**DETERMINING IF STAFF FOLLOW THEIR JOB DESCRIPTION ONE OBJECTIVE OF AN EVALUATION.**

# MISSED VISITS*

# 6.17 Missed visits*

(A) There shall be a mechanism for informing the consumer about scheduled visits in accordance with agency policy. Documentation shall be maintained and alterations in the schedule shall be provided to the consumer as soon as practical.

# 6.17.A. Missed visits

(1) The HCA's policy shall address processes for HCA planning for coverage of employee illness, vacation, holidays and unexpected voluntary or involuntary termination of employment.

# 6.17 Missed visits

(2) If the consumer does not respond to let staff in the home for the scheduled visit, the HCA's attempts to ensure the safety of the consumer and the outcome of each attempt shall be documented.

(3) If there is a missed visit, services shall be provided as agreed upon by the consumer and the HCA.

# 6.17 Missed visits

(4) If the HCA admits consumers with needs that require care or services to be delivered at specific times or parts of day, the HCA shall ensure qualified staff in sufficient quantity are employed by the agency or have other effective back-up plans to ensure the needs of the consumer is met.

# 6.17 Missed visits

(5) The back-up plan for scheduled visits shall 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.

# QUALITY MANAGEMENT

Agency-wide data analytics:

Patient/client-centered data-driven outcome-oriented process
that promotes high quality care at all times for all patients/clients.

**6 CCR 1011, Chapter XXVI, section 6.14 – Quality Management Program (L251)**

"Every HCA shall establish a quality management program appropriate to the size and type of agency that evaluates the quality of consumer services, care and safety, and that complies with the requirements set forth in 6 CCR 1011, Chapter II, section 3.1."

# CDPHE "Common Causes of Deficient Practice"

"No action is taken to address identified problems."

# Common Causes of Deficient Practice

- Review of Quality Management Program (QMP) documentation for chart audits completed by the agency revealed missed visits were routinely occurring, and showed the reason why missed visits occurred was not consistently documented. Although the problems were identified, no action was taken by the agency to address the problems. As a result, deficient practice related to an incomplete QMP was cited.

# Evaluating your QMP is ongoing

- …During an interview on 08/25/17 at 2:35 p.m., the Director stated the agency had identified documentation, staffing and missed visits as current problems through record review. However there was no evidence of any actions taken to address the problem in QMP documentation…

# Sample KPI* Dashboard

| Measure/ Definition | Baseline | Target in CY2019 | GOAL: Improve or maintain |
|---|---|---|---|
| QUALITY/ SAFETY PROCESS: *Documentation of missed visit reason* | 65% in CY 2017, 18 | < 5% PER YEAR = 95% captured reason | Improvement |

# Sample KPI* Dashboard

| Measure/ Definition | Baseline | Target in CY2018 | GOAL: Improve or maintain |
|---|---|---|---|
| QUALITY/ SAFETY PROCESS: *Staffing adequacy (allows services to be provided)* | 75% in CY 2017, 18 | < 5% PER YEAR = 95% staffed all visits/clients | Improvement |

# Sample KPI* Dashboard

| Measure/ Definition | Baseline | Target in CY2016 | GOAL: Improve or maintain |
|---|---|---|---|
| QUALITY/ SAFETY PROCESS: *Missed visits* | 55% in CY 2017 | < 5% PER YEAR | Improvement |

## SUMMARY

- Home care is among the fastest growing segment of the Post Acute Care and Health Care industries.

- Government (Medicare/Medicaid) and private insurers better understand and favor home care.

- The need for leadership to successfully manage and compete in today's fast-paced home industry is crucial for success.

# SUMMARY

- The spectrum of administrator duties is large.

- Legal and legislative issues drive changes in Agency policy and procedure.

- Policy and procedure drive actions of home care staff for a population that continue to grow in number, life expectancy and complexity of care needs.

# Thank you for allowing CHC to be part of your Annual Training Program!

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# References

# and

# Resources

# References

- Colorado Revised Statute, 25-1.5-103, Article 27.5, Licensure of Home Care Agencies by the Department of Public Health and Environment.

- Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, 6 CCR 1011-1, Chapter XXVI, Home Care Agencies.

- Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, 6 CCR 1011-1, Chapter II, General Licensure Standards.

- Colorado Department of Health Care Policy and Financing, 10 CCR 2505-10 8.000 MEDICAL ASSISTANCE - SECTION 8.000.

# Resources

- **Centers for Medicare and Medicaid Services Home Health Agency Home Page**
http://www.cms.hhs.gov/providers/hha/default.asp

- **Centers for Medicare and Medicaid Services Provider Enrollment Instructions**
**http://www.cms.hhs.gov/providers/enrollment/default.asp**

- **Centers for Medicare and Medicaid Services State Agency Directory**
http://www.cms.hhs.gov/medicaid/survey-cert/sadir.pdf

- **Centers for Medicare and Medicaid Services Regional & Central Office Contacts**
http://www.cms.hhs.gov/medicaid/survey-cert/rodir.pdf

- **Centers for Medicare and Medicaid Services OASIS Home Page**
http://www.cms.hhs.gov/oasis/default.asp

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- History of Long Term Care, http://www.elderweb.com/book/export/html/2806, Karen Stevenson, ElderWeb Publisher

- Unloving Care: The Nursing Home Tragedy, by Bruce C. Vladeck, (New York: Basic Books, 1980).

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(b) Briggs Corporation Home Health Agency Operations Manual, August 1991 - 2009,

(c) CMS Publication 11, Home Health Agency Manual, September 8, 2005,

(d) Colorado Health Facilities and Emergency Medical Services Division, 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter XXVI – Home Care Agencies, 2009.

(e) Client Teaching Guides for Home Health Care, 3rd Edition, by Linda Gorman, Jones & Bartlett Publishers, 2008.

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(f) Home Health Care Management and Practice, Editor Barbara Stover Gingerich, RN, MS, FACHE, CHE, 2008-2009, Sage Publications Inc., Thousand Oaks, CA.

(g) Handbook of Home Health Administration, 4th Edition, by Marilyn Harris, July 1994.

(h) Bureau of Labor Statistics, Occupational Outlook Handbook, 2008-2009 Edition.

(i) HFEMSD Occurrence Reporting Manual, November 2007.

(j) Centers for Medicare and Medicaid, Medicare Learning Network, Educational Web Guides, Guided Pathways:  Basic Curriculum, Intermediate Curriculum (Part B), Intermediate Curriculum (Part A).

# References

(k) HCBS.org: *PROMOTES THE DEVELOPMENT AND EXPANSION* of home and community-based services by gathering resources and tools for *RESEARCH, POLICY MAKING AND PROGRAM DEVELOPMENT* into this one-stop website. By facilitating the sharing of information, we empower professionals to be more effective in supporting real choice and independence for older Americans and people with disabilities.

(l) Colorado Coalition for Elder Rights and Adult Protection (CCERAP): Resources available are EDUCATIONAL: provide statewide information and training about the abuse of elder and at-risk adults; PROMOTIONAL: promote projects, publications, and activities that benefit elder and at-risk adults; SUPPORT: provide support for laws, regulations and policies that promote the rights of elder and at-risk adults; COORDINATION/CO-OPERATION: provide opportunities for professionals to meet, share information, address policy issues and develop strategies for increased service coordination.

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(m) Preventing Disability in the Elderly with Chronic Disease, Agency for Health Care Research, US Department of Health & Human Services, Research In Action, Issue 3. AHRQ Publication No. 02-0O18, April 2002. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/research/elderdis.htm.

(n) *Internet Journal of Allied Health Sciences and Practice*. (n.d.). Retrieved July 17, 2009, from http://ijahsp.nova.edu/

(o) Improving Quality: a guide to effective programs, 2d Edition, by Claire Gavin Meisenheimer, Aspen Publishing, 2007.

(p) Orientation to Home Care Nursing, Humphrey and Milone-Nuzzo (Humphrey, Carolyn J. & Milone-Nuzzo, Paula, (1996),Gaithersburg , Maryland : Aspen Publishers).

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(q)    Caring for Frail Elderly People:  Policies in Evolution, Doty, Pamela, PHD, 1966, Chapter 14, US Department of Health & Human Services, Washington, DC.

(r)    National Association of Social Workers, Encyclopedia of Social Worth, 18th Edition, 1987, Silver Spring, MD.

(s)    Diagnostic & Statistical Manual of Mental Disorder, American Psychiatric Association, 4th Edition, 19994, Washington, DC.

(t)    Psychiatric Dictionary, Robert J. Campbell, 1991, 2d Edition, Silver Spring, MD.

(u)    The Future of Home Health Care: A Strategic Framework for Optimizing Value - https://journals.sagepub.com/doi/full/10.1177/1084822316666368

(v)    **Premier healthcare alliance** is more than 2,100 U.S. hospitals and 58,000-plus other healthcare sites working together to improve healthcare quality and affordability. (https://international.anl.gov/training/materials/AL/Hayden/Staffing%20Budget_white_paper.pdf)

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- The New Harvard Guide to Psychiatry, Armand M. Nicholi, 1988, Harvard University Press, Cambridge, MA

- First Research, Inc., July 26, 2010, 10 Pages - Pub ID: FRRS2755841, **Home Healthcare Services**

- Ethics Resource Center, 2345 Crystal Drive, Suite 201, Arlington, VA 22202 USA, www.ethics.org

- Society of Corporate Compliance and Ethics (SCCE), 6500 Barrie Road, Suite 250, Minneapolis, MN 55434 www.corporatecompliance.org

## Resources

- **Healthfinder**
  The Healthfinder website, run by the U.S. Department of Health and Human Services, offers reliable consumer information from the Federal Government and its many partners. The site contains information about finding government and nonprofit health and human services on the Internet.

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  **Long-Term Care Ombudsman**
  Long-Term Care Ombudsman is an independent advocate (supporter) for nursing home and assisted living facility residents that works to solve problems between residents and nursing homes or assisted living facilities. Ombudsman can give you information about how to find a facility and what to do to get quality care. To find out more information, you can look at the National Long-Term Care Ombudsman Resource Center website or call 1-202-332-2275.

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  **State Health Insurance Counseling and Assistance Programs (SHIPS)**
  State Health Insurance Programs provide links to SHIP counselors that can answer your questions and help you understand your health care choices, choose a Medicare plan and/or additional health insurance, and help you understand your rights and protections. Please select your state/territory from the drop-down list to view your state's SHIP website.

# Resources

- **U.S. Administration on Aging**
  The U.S. Administration on Aging (AoA) has information on assistive technology, home remodeling, housing services, independent living, and nursing facilities. It also has an on-line Eldercare Locator that links consumers to the information and referral (I&R) services of their state and area agencies on aging. These I&R programs can help you identify appropriate services in the area where you or your family member resides. You can also call Eldercare Locator at 1-800-677-1116 to obtain information about available services in your area.

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  **U.S. Department of Agriculture**
  The U.S. Department of Agriculture (USDA) has a loan program entitled the Farmer's Home Administration (FmHA). This loan program provides loans to low-income borrowers who live in a rural area so they can make improvements to their home.

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  **U.S. Department of Housing and Urban Development (HUD)**
  The U.S. Department of Housing and Urban Development (HUD) contains two helpful resources. The first is the HUD lender list search which allows you to locate various types of lenders (reverse mortgage, insurance, and rehabilitation) in your area. The second resource is the HUD list of housing counseling agencies. These agencies can give you advice on buying or renting a home, defaults, foreclosures, credit issues, and reverse mortgages. You can get this information by looking at the HUD website or by calling HUD at 1-800-569-4287.

- You can also contact HUD for information about the FHA 203K program for home repairs for low-income families.

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