LHCSA OFFSITE SURVEILLANCE PROTOCOLS PILOT PROJECT
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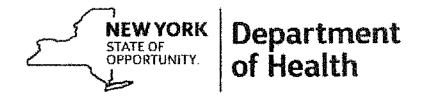
NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

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Offsite Surveillance (Desk Audit)
Clinical Record Review

- Request the following from the agency:
  - Roster of Active patients
  - Roster should include start of care, services the patients are receiving and frequency, information on payment method, case management information.
  - Roster of discharged patients from the past 6 months.

- Select a random sample of three patients (2 Active and 1 discharged) from the current patient census.* If significant issues are detected with the review of three patient records, then request additional patient records.

- Request the patient records from the agency for the sample selected – ask that they be sent to you securely (via HCS or fax) within **xx** time of the request. Ask for:
  - Active patients
  - At least one discharged patient
  - If possible, include records which represent the different services the agency is authorized to provide.

- Document the review of patient care records (active and discharged) using the **LHCSA Clinical Record Review Form**.

*This procedure differs from the procedure outlined in the LHCSA Manual, and is intended for desk audit purposes <u>only</u> (the manual instructs the surveyor to select a 5% random sample of patient records, with a minimum of six records and a maximum of fifteen records).

This Review can be completed by:

	Administrative/Professional Staff
x	Clinical Staff
	Either one

LHCSA Clinical Record Offsite Surveillance Tool

Agency: _____   Survey Date: _____

Surveyor Name: _____   Staff name interviewed: _____
(phone interview if needed)

Patient Names or Identifier	1.	2.	3.
DOB			
Start of Care (SOC)			
Primary Diagnosis			
Secondary Diagnoses			
Patient rights Signed consent for services to be provided			
Informed of financial liability			
Receipt of Bill of Rights			
Receipt of Complaint Grievance Procedure			
Receipt of Advance Directives			
Medical Orders (MD, DO, DPM, NP)			
Orders include: all Dx., Meds, Treatments, prognosis, need for palliative care, services and freq, other pertinent info related to agency POC			
Orders signed within 30 days			
Renewed every 6 months			
Telephone orders signed within 30 days			

LHCSA Clinical Record Review (continued)			
Patient Names or Identifier (from above)	1.	2.	3.
Therapy Orders: Amount or Frequency, duration, specific procedures and modalities			
Initial RN assessment – prior to agency admission and dev of POC			
RN assessment at least every 6 mo.			
Plan of Care (POC) includes: pertinent Dx. prognosis, need for palliative care, mental status, freq of services, Meds, Txs, diet, functional limitations, rehab potential.			
POC: Discipline(s) Ordered- SN PT OT SLP MSW Aide Frequency of Services			
POC is reviewed/revised as frequently as necessary to reflect changing care needs, but not less than every 6 months.			
RN reports **changes in patient condition** to the MD.			
Clinical Supervision Initial placement of aide and oriented to patient. Aide has appropriate documented experience.			
Staff assigned according to training, orientation, or demonstrated skills			

LHCSA Clinical Record Review (continued)			
Patient Names or Identifier (from above)	1.	2.	3.
Supervisory visit when there is a change in patient condition.			
Aide Care Plan complete- Includes tasks and freq., instructions of aide observations that should be reported to the supervisor, reviewed or updated at least every 6 months or with change in patient care needs.			
Aide Activity Sheets: Type/Times/Frequency and documentation of care provided as specified in the Aide Care Plan			
Progress Notes: Signed and dated following each home visit or phone contact by professionals providing care.			
Discharge Summary- when D/C from agency			
D/C Planning and **MD Notification** at least 48 hours prior to D/C.			

Notes:

Offsite Surveillance (Desk Audit)
Emergency Preparedness and Health Commerce System Reviews

- Request the following from the Agency:
  - Emergency Response Plan
  - Policies and Procedures relating to Emergencies, including the description of patient classification levels
  - Policies and Procedures related to the Health Commerce System
  - Current patient roster

- Reviewer must have access to HCS to see if the agency has a person and an alternate assigned the 24/7 Emergency Contact Person Role, and at least one person in other required roles.

- Evaluate the patient roster to ensure patient contact information and classification level are present.

- Document the review on the **Emergency Preparedness and Health Commerce System Offsite Surveillance Tool**.

This Review can be completed by:

| x | Administrative/Professional Staff |

| x | Clinical Staff |

| x | Either one |

LHCSA Emergency Preparedness and Health Commerce System Offsite Surveillance Tool

Agency: _____ Survey Date: _____

Surveyor Name: _____ Staff name interviewed: _____
(phone interview if needed)

Emergency Preparedness	YES	NO
1. Does the Emergency Response Plan identify a 24/7 emergency contact person and an alternate?		
2. Does the Emergency Response Plan include a call down list of agency staff?		
3. Does the Emergency Response Plan include a contact list of community partners?		
4. Does the Emergency Response Plan include collaboration with community partners in planning efforts?		
5. Does the Emergency Response Plan include evidence of agency participation in disaster drills and exercises?		
6. Does the current patient roster contain:		
patient demographics?		
rapid ID of patients?		
classification level of patient?		
emergency contact numbers of caregivers?		
7. Do the Emergency Policies and Procedures Address:		
How the call down list information will be kept current?		
How the contact list information will be kept current?		
How the agency will respond to requests for information by community partners in an emergency?		
An annual review and update of the Emergency Response Plan?		
Orientation of staff to their responsibilities in the Emergency Response Plan?		
Patient Classification Levels that are consistent with the levels described by DOH (see attachment for DOH levels).		
Health Commerce System		
8. Does the agency have a HCS account?		
9. Does the agency have a person assigned to each of the following HCS roles:		
24/7 emergency contact person and alternate?		
Administrator?		
Director of Home Care Patient Services?		
Emergency Response Coordinator?		
HPN Coordinator?		
CHRC Authorized Person?		
Home Care Registry Agency Updater or Viewer?		
10. If possible, check to see the last time the HPN Coordinator logged on to HCS. Have they logged on within the last 30 days?		

Policies Regarding the Health Commerce System	YES	NO
11. Does the agency's policies indicate that the agency must have sufficient, knowledgeable staff available and shall maintain and keep current such accounts?		
12. Does the agency's policies indicate that agency's HCS coverage is consistent with hours of operation?		
13. Does the agency's policies indicate that there must be sufficient designation *(at least 2 people)* of the agency's HPN coordinator(s) to allow for HCS individual user application?		
14. Does the agency's policies indicate designation by the agency operator of sufficient staff users of the HCS accounts to ensure rapid response to requests for information by the State and/or local Department of Health?		
15. Does the agency's policies indicate adherence to the requirements of the HCS contract?		
16. Does the agency's policies indicate the need for current and complete updates of the Communications Directory reflecting changes that include, but are not limited to, general information and personnel role changes as soon as they occur, and at a minimum, on a monthly basis?		

Notes:

Offsite Surveillance (Desk Audit)
Personnel Record Review

- Request the agency's active personnel list. The list must include name, date of hire, title and function (job description).

- Select a sample of five employees from the list of active personnel.* If significant issues are detected with the review of five employees, than request personnel records for five more employees. If possible, request one person from each of the services the agency provides and one from administration in the sample. Focus the selection on the services provided in greater numbers, for example if the agency has a large number of PCAs, then select more PCA records than other services.

- Indicate on the Employee List form the personnel records you want the agency to send to you.

- Tell the Agency that the personnel records for the sample employees listed must be sent to you securely (via HCS or fax) within **xx** hours of the request.

- Document the review on the **Personnel Record Review Form.**

- If the review of the minimal sample identifies concerns or deficiencies, an additional sample should be reviewed that includes (when applicable):
  - Recently hired staff;
  - Staff employed more than one year;
  - Personnel providing service via contract; and
  - Staff recently reassigned or terminated.

- Document the additional review on the **Personnel Record Review Form.**

*This procedure differs from the procedure outlined in the LHCSA Manual, and is intended for desk audit purposes only (the manual instructs the surveyor to select a 5% random sample of personnel records.).

This Review can be completed by:

| x | Administrative/Professional Staff |

| x | Clinical Staff |

| x | Either one |

Employee List for PERSONNEL RECORD REVIEW

AGENCY: _____

Number of records to be reviewed: _____

Initial Review - Employee Records Requested:

1. _____

2. _____

3. _____

4. _____

5. _____

Second Review (if needed) - Employee Records Requested:

1. _____

2. _____

3. _____

4. _____

5. _____

LHCSA Personel Offsite Surveillance Tool

Agency: _____   Survey Date: _____

Surveyor Name: _____   Staff name interviewed: _____
                                              (phone interview if needed)

Acceptable documentation includes an original, a fax copy, or a copy of an original.

	1.	2.	3.
1. Employee Name or Identifier			
2. Title/Discipline			
3. Date of Birth			
4. Date of Hire			
5. Qualifications- verification of Certificate/License & Registration			
6. Application - Signed and Dated			
7. Verified Reference Checks			
8. Criminal History Background Check – (Employed after 4/05)			
9. Health Assessment by MD, PA or RN with special training in primary care - with Freedom of Habituation Statement- Pre employment (within 12 months of date of hire)			
10. Annual Health Status			
11. Rubella - Titre/Immunization			
12. Measles - Titre/Immunization if born after 01/01/57			
13. Results of Tuberculin Skin Test or FDA Blood Assay (Pre Employ & Annual)			
14. Influenza Vaccine (Annually)			
15. Personal ID (I 9 form)			
16. Performance Eval & Home Visit annually			

Personnel Record Review (Continued) Employee Name or Identifier (from above):	1.	2.	3.
17. Orientation to Policy & Procedures, Specific Duties/Universal Precautions/HIV			
18. Inservice (HHA 12 Hours/PCA 6 hours) annually			
19. HIV Confidentiality (Annually)			
20. Universal Precautions (Annually)			

Notes:

Offsite Surveillance (Desk Audit)
QA/QI Review and Complaint Procedure Review

- Request the following from the Agency:
  - A copy of the agency's Quality Assessment Plan
  - A copy of the agency's Quality Improvement Committee meeting minutes for the past 24 months. The Committee meeting minutes must include:
    - Committee member names and job titles
    - Dates of meetings
    - Sign in sheets from the meeting
      - Sign in sheet should indicate who is a consumer
  - A copy of the agency's complaint procedures
  - A copy of the agency's complaint log for the last 12 months

- Document the review using the **LHCSA QA and Complaint Surveillance Tool**.

This Review can be completed by:

| x | Administrative/Professional Staff

| x | Clinical Staff

| x | Either one

LHCSA QA and Complaint Offsite Surveillance Tool

Agency: _____ Survey Date: _____.

Surveyor Name: _____ Staff name interviewed: _____
(phone interview if needed)

QA/QI	YES	NO
1. Is there evidence of an agency Quality Assessment/Quality Improvement Program?		
2. Is there a Quality improvement (QI) committee responsible for establishing and overseeing standards of care?		
3. Does QI committee consist of consumer and health care professionals?		
4. Does QI committee meet quarterly?		
a. Dates of Meetings:		
5. Are there sign in attendance documents for each quarterly meeting?		
6. Is a consumer present at each quarterly meeting?		
a. If no, document the dates of meetings when a consumer was not present:		
7. Are there meeting minutes for the quarterly QI meetings?		
a. If no, document the dates of meetings with no minutes:		
8. Does QI committee review policies and procedures and recommend changes to governing authority?		
9. Does QI committee conduct quarterly clinical record reviews for the review of the safety, adequacy, type and quality of services provided?		
10. Did QI committee clinical record reviews include random selections of active patients and patients discharged within past 3 months?		
11. Were QI committee reviews conducted for all cases of identified patient complaints? (Check the complaint log to ensure that all complaints were reviewed).		
12. Did QI committee prepare and submit a written summary of review findings to governing authority?		
13. If the agency has a HHATP, is there evidence that the LHCSA is conducting quality monitoring of the HHATP? (such as the effectiveness of the instructors, lesson plans, materials/equipment utilized, evaluation of the SPT, student evaluation of the program and analysis of an annual evaluation of testing results, admission standards and program completion rates.)		

QA/QI (continued)	YES	NO
14. If the agency has a HHATP, is there evidence that the HHATP quality monitoring resulted in developing and implementing strategies for improvement of the HHATP?		
15. If the agency has a HHATP, Is there evidence of an HHATP annual evaluation report submitted to the sponsoring LHCSA's governing authority?		
Complaint Procedures		
Do the written patient complaint procedures include:		
1. Procedures for documentation of receipt, investigation and resolution of any complaint, including the maintenance of a complaint log indicating the dates of receipt and resolution of all complaints received by the agency		
2. Procedures for review of each complaint, including a written response to all written complaints and to oral complaints, if requested by the individuals making the oral complaint. The written response must explain the complaint investigation findings and the decisions rendered to date by the agency within 15 days of receipt of such complaint; and advise the complainant of the right to appeal the outcome of the agency's complaint investigation and the appeal procedure to be followed.		
3. Description of an appeals process with review by a member or committee of the governing authority within 30 days of receipt of the appeal		
4. Procedures for notification to the patient or his or her designee that if the patient is not satisfied by the agency's response, the patient may complain to the Department of Health's Office of Health Systems Management		
Complaint Log Review		
Complaint No. 1. Date Received:		
Was the complaint investigated? Was there a resolution? Was there a written response within 15 days of the receipt of the complaint?		
Complaint No. 2. Date Received:		
Was the complaint investigated? Was there a resolution? Was there a written response within 15 days of the receipt of the complaint?		
Complaint No. 3. Date Received:		
Was the complaint investigated? Was there a resolution? Was there a written response within 15 days of the receipt of the complaint?		
Complaint No. 4. Date Received:		
Was the complaint investigated? Was there a resolution? Was there a written response within 15 days of the receipt of the complaint?		
Complaint No. 5. Date Received:		
Was the complaint investigated? Was there a resolution? Was there a written response within 15 days of the receipt of the complaint?		