XYZ HOME CARE POLICY

TITLE: SUPERVISION OF CLINICAL HOME

CARE STAFF

POLICY #:

EFFECTIVE DATE: 03/04/03

REVIEWED/REVISED DATE:

POLICY TYPE:

Clinical Non-Clinical

PAGE:

1 of 5

Job Title of Reviewer: Director, Clinical Services

PURPOSE: To ensure a consistent methodology for the supervision of home

care clinical staff caring for patients and clients.

POLICY STATEMENT: XYZ HHA conducts supervisory functions on a regular basis and

in accordance with all laws, regulations, statues and accreditation

standards.

Supervisory visits will be made in the patient's/client's home with or without home care staff present. Supervisory contacts may be accomplished by an on-site visit, client reports via telephone, survey, or a conference with another professional involved in the case as applicable.

On non-skilled cases the client's approval is required for a nurse supervisory visit. (400.487(3), F.S.)

The emphasis for these supervisory functions is on the new clinical employee, and all home health aide, homemaker and companion staff.

These supervisory encounters are designed to assess the quality of care being delivered to patients/clients, satisfaction with the services, effectiveness of the care being rendered, modifying the plan of care/service provision plan when indicated and evaluating staff while providing direct client/patient care.

Supervisory encounters are documented, dated and signed by the supervising professional and placed in the personnel file and/or clinical record as appropriate.

Supervisory encounters are in addition to annual performance evaluations.

Registered Nurses that supervise home health aide only cases will have a minimum of two years of home or community based health care experience.

Staff has access to a Registered Nurse 24 hours a day, 365 days a year.

There is a 90-day probationary period for all home health personnel.

EXCEPTIONS: Patient/clients have the right to refuse access to their home for

supervisory visits. This refusal will be documented in the home

care record.

DEFINITIONS: Client – Persons receiving only non-skilled services.

Home Health Professional – A Registered Nurse, Physical

Occupational or Speech Therapist.

Non-skilled Services – Home health aide and companion

services.

Patient – Persons receiving skilled home care services. A

physician's order is required.

Physician – A Medical Doctor, Osteopathic Physician or a

Podiatrist licensed in Florida.

Skilled Services - Nursing, physical therapy, occupational

therapy, speech therapy, medical social services and/or dietician

services.

PROCEDURE: LICENSED PRACTICAL NURSES

 The Licensed Practical Nurse (LPN) will be supervised at least once a month by a registered nurse.

PHYSICAL THERAPY ASSISTANTS

1. The Physical Therapy Assistant (PTA) will be supervised at least

once a month by a registered physical therapist.

CERTIFIED OCCUPATIONAL THERAPY ASSISTANTS

1. The Certified Occupational Therapy Assistant (COTA) will be supervised at least once a month by a registered occupational

therapist.

HOME HEALTH AIDE

1. The Home Health Aide patient services will be evaluated by a health professional at least every 2 weeks, either with the

aide present or absent, in the home.

A registered nurse will evaluate the Home Health Aide client services, with the client, caregiver and/or guardian at least every

60 days with the aide present in the home.

3. The Home Health Aide client will have a monthly supervisory contact by a registered nurse.

HOMEMAKER AND COMPANION SERVICES

- 1. A registered nurse will evaluate the homemaker and companion services, with the client, caregiver or guardian at least every 6 months with the homemaker/companion present in the home.
- 2. The homemaker and companion services will have a supervisory contact by a registered nurse at least once every 60 days.

RESPONSIBILITY:

It is the responsibility of the Director and Supervisors of Clinical Services

to assure patients/client care staff are supervised.

REFERENCE(S):

State of Florida Agency for Health care Administration, Office of Licensure and Certification. Minimum Standards for Home Health

Agencies. Home Health Services Rule 59A-8, July 2001.

42CFR.484 Medicare Condition of Participation, Home Health Agencies

Community Health Accreditation Program (CHAP) Standards of

Excellence, Millennium Edition 2002.

Community Health Accreditation Program (CHAP) Standards of

Excellence for Private Duty, December 1995.

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ATTACHMENT(S):

None

APPROVALS:

| Signatures indicate approval of the new or reviewed/revised policy. | | Date |
|---|--|---------|
| Reviewer's Signature: | | |
| Vice President/Executive Director: | | |
| Corporate Policy Committee: | | |
| Medical Director: | | |
| | | |
| (if clinical policy) | | |
| Committees/Sections: | | |
| Professional Advisory Committee | | 2/26/03 |
| Trefederativitation Committee | | 2/20/00 |
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| Chief Executive Officer: | | |