SCOPES OF SERVICES:

Agency's Emergency Operations Plan's scope is to provide for a program that ensures effective mitigation, preparation, response and recovery to disasters or emergencies affecting the environment of care, and to assure continuation of care and/or services to the patient population served.

OBJECTIVE:

The objective of the Emergency Operations Plan is to effectively prepare for, manage an emergency and restore the Agency (HHA) to the same operational capabilities as pre-emergency levels.

DEFINITION:

- Emergency:
  - A natural or human-made event that:
    - Significantly disrupt the environment of care, i.e., damage to the organization’s building(s) and grounds due to severe winds, storms or earthquakes
    - Significantly disrupts care, treatment and services, i.e., loss of utilities (such as power, water, or telephones) due to flood, civil disturbances, accidents or emergencies in the organization or the community it serves
    - Results in sudden, significantly changed or increased demands for the organization’s services, i.e., bioterrorist attack, building collapse or plane crash in the organization’s community
CHECK STATE-SPECIFIC RULES AND REGULATIONS

PURPOSE:

To provide an increased level of safety, thereby reducing risk for patients and staff of the HHA.

POLICY:

- _________________ HHA shall obtain a background screening on all final candidates and contracted entities for employment upon a conditional offer of employment in accordance with HHA policy. See Qualifications and Competency policy.

- Background checks shall include the Office of Inspector General (OIG) exclusion list and National Sex Offender Registry.

- Background screenings performed for another healthcare facility or retirement community within the past _____ years are accepted by this HHA. Another background screening does not have to be performed if a copy of a letter from the screening agency can be provided.

- This HHA will accept screening documents transferred from another home care agency, providing the transferred documents are no more than two (2) years old and the applicant did not have a break in service longer than 180 days.

- A final offer of employment will not be offered to the candidate until the criminal background check clearance results have been received and reviewed by the HHA.

- Unwillingness to consent to a criminal background check shall result in withdrawal of the conditional offer of employment.

- Failure to disclose criminal history shall result in withdrawal of the conditional offer of employment.

- Results of criminal background checks are confidential and are retained within the staff member’s confidential personnel file.

- Criminal background history and the National Sex Offender Registry shall be checked every _____ years for all staff providing direct patient care, treatment and/or services.
CHECK STATE-SPECIFIC RULES AND REGULATIONS

POLICY:

__________________ HHA shall offer the influenza vaccine annually to all eligible healthcare staff to protect staff, patients and family members and to decrease staff absenteeism.

PROCEDURE:

• Elements of the Program:
  • __________________ shall have overall responsibility for the Influenza Vaccination Program for staff, including
    ■ Design and implementation of the program
    ■ Monitoring staff influenza vaccination coverage and declination at regular intervals during influenza season, and providing feedback of patient care units, departments and specialty-specific rates to staff and administration
    ■ Continuous evaluation of the program to increase vaccination rates
  • The level of staff influenza vaccination coverage shall be used as one measure of the patient safety quality program.
  • As a part of the overall employee health program, all healthcare staff shall be educated on the following:
    ■ The benefits of influenza vaccination and the potential health consequences of influenza illness for themselves and their patients
    ■ The epidemiology and modes of transmission, diagnosis, treatment and non vaccine infection prevention and control strategies, in accordance with their level of responsibility in preventing healthcare-associated influenza
    ■ Control measures if staff are not vaccinated (i.e., use of Standard and Transmission-Based Precautions)
**PURPOSE:**

- To delineate the authority and responsibilities of the HHA’s owner
- To maintain compliance with applicable laws, regulations and accrediting organization standards

**POLICY:**

- ________________ HHA’s owner possesses ultimate responsibility and legal authority for managing the organization, for the safety of the HHA staff and patients, and for the quality of care, treatment and services provided. (The responsibility and authority may or may not be defined by the HHA’s articles of incorporation and bylaws.)
- The HHA’s owner promotes coordination and integration among senior management personnel, staff members and the Quality Assessment and Performance Improvement (QAPI) program.

**RESPONSIBILITIES:**

- The HHA Owner shall be Responsible for:
  - Establishing the HHA’s mission, vision, goals and scope of service
  - Ensuring that appropriate HHA licenses, certificates or permits, as required by applicable laws, regulations and standards, are current and valid
  - Developing and approving the organization’s long-range, strategic and operational plans in collaboration with the QAPI Committee and senior management personnel
  - Adopting and periodically reviewing written bylaws or an acceptable equivalent
  - Overseeing the management and fiscal affairs of the HHA
  - Developing an annual budget
POLICY:

- A physician must certify the patient's eligibility for the home health.
  - The need for home health services to be provided by an HHA may not be certified or recertified, and a plan of care may not be established and reviewed, by any physician who has a financial relationship to the HHA (§411.354), unless the physician's relationship meets one of the exceptions in section 1877 of the Act.

- As a condition for payment of home health services under Medicare Part A or Medicare Part B, a physician must certify the patient's eligibility for the home health benefit, as outlined in sections 1814(a)(2)(C) and 1835(a)(2)(A) of the Act. The patient's medical record must support the certification of eligibility.

- The certification must be complete prior to when an HHA bills Medicare for reimbursement.

- Documentation in the certifying physician's medical records and/or the acute/post-acute care facility's medical records (if the patient was directly admitted to home health) shall be used as the basis for certification of home health eligibility. The following must be included in the documentation:
  - The patient needs intermittent skilled nursing care, or physical therapy or speech-language pathology services.
    - If a patient's underlying condition or complication requires a registered nurse to ensure that essential non-skilled care is achieving its purpose, and necessitates a registered nurse be involved in the development, management, and evaluation of a patient's care plan, the physician will include a brief narrative describing the clinical justification of this need.
    - If the narrative is part of the certification form, then the narrative must be located immediately prior to the physician's signature. If the narrative exists as an addendum to the certification form, in addition to the physician's signature on the certification form, the physician must sign immediately following the narrative in the addendum.