

## **G530**

*(Rev. 219; Issued: 04-12-24; Effective: 04-12-24; Implementation: 04-12-24)*

*[§484.55(c) ... The comprehensive assessment must accurately reflect the patient's status, and must include, at a minimum, the following information:]*

**(2) The patient's strengths, goals, and care preferences, including information that may be used to demonstrate the patient's progress toward achievement of the goals identified by the patient and the measurable outcomes identified by the HHA;**

## Interpretive Guidelines §484.55(c)(2)

Consistent with the principles of patient-centered care, the intent in identifying patient strengths is to empower the patient to take an active role in his or her care. The HHA must ask the patient to identify her or his own strengths and must also independently identify the patient's strengths to inform the plan of care and to set patient goals and measurable outcomes. Examples of patient strengths identified by HHAs through observation and by patient self-identification may include: awareness of disease status, knowledge of medications, motivation and readiness for change, motivation/ability to perform self-care and/or implement a therapeutic exercise program, understanding of a dietary regimen for disease management, vocational interests/hobbies, interpersonal relationships and supports, and financial stability.

The intent of assessing patient care preferences is to engage the patient to the greatest degree possible to take an active role in their home care rather than placing the patient in a passive recipient role by informing the patient what will be done for them and when.

“Patient goal” is defined as a patient-specific objective, adapted to each patient based on the medical diagnosis, physician's *or allowed practitioner's* orders, comprehensive assessment, patient input, and the specific treatments provided by the agency.

“Measurable outcome” is a change in health status, functional status, or knowledge, which occurs over time in response to a health care intervention. Measurable outcomes may include end-result functional and physical health improvement/stabilization, health care utilization measures (hospitalization and emergency department use), and potentially avoidable events. Because the nature of the change can be positive, negative, or neutral, the actual change in patient health status can vary from patient to patient, ranging from decline, no change, to improvement in patient condition or functioning.