

74742 Quality Management

(a)

Each agency shall have a system of reviewing and evaluating the appropriateness and effectiveness of patient services and the correction of deficiencies. At a minimum, the quality management system shall consist of a semi-annual review of a stratified sample of patient clinical records and an annual review of overall agency functioning. The sample of clinical records shall be representative of the diagnoses of patients treated and services provided.

(b)

The review of a patient's clinical records shall be based on a sample of five percent of the total patient census with a minimum of twenty records and a maximum of 100 records every six months. The review of the clinical record sample shall be: (1) Both concurrent and retrospective. (2) Performed against preset criteria of practice for each discipline providing care. Criteria of practice shall include: (A) Appropriateness of the level of care provided to protect the health and safety of patients. (B) Timeliness of the provision of care. (C) Adequacy of the care to meet patients' needs. (D) Appropriateness of the specific services provided. (E) Compliance with the standards of practice for patient care. (F) Accessibility to care. (G) Continuity of care. (H) Privacy and confidentiality of care. (I) Safety of care environment. (J) Participation in care by patient and family. (3) Performed by a qualified health professional of equivalent or higher level of

training than the care provider. (4) Documented and maintained on file.

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(2)

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Appropriateness of the level of care provided to protect the health and safety of patients.

(B)

Timeliness of the provision of care.

(C)

Adequacy of the care to meet patients' needs.

(D)

Appropriateness of the specific services provided.

(E)

Compliance with the standards of practice for patient care.

(F)

Accessibility to care.

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Continuity of care.

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Privacy and confidentiality of care.

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Safety of care environment.

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Participation in care by patient and family.

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Performed by a qualified health professional of equivalent or higher level of training than the care provider.

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Documented and maintained on file.

(c)

There shall be an organized, effective and documented evaluation of overall agency functioning at least annually. This evaluation shall include but need not be limited to the evaluation of: (1) Administrative policies and procedures. (2) Personnel policies. (3) Infection control program. (4) Clinical program policies. (5) The adequacy of management and supervision, either on-site or by telecommunications, of support, paraprofessional, and professional personnel based at a minimum on the following considerations: (A) The total patient census. (B) The numbers, qualifications, experience and current competence of the individuals providing each service. (C) The level of care/service required. (D) Service areas covered by the home health agency including personnel supervised out of branch offices. (E) The numbers and types of visits conducted. (F) The primary condition/diagnosis of patients. (G) Services provided which require specialized training. (H) Dissatisfaction expressed by patients regarding the supervision of services.

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Personnel policies.

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(B)

The numbers, qualifications, experience and current competence of the individuals providing each service.

(C)

The level of care/service required.

(D)

Service areas covered by the home health agency including personnel supervised out of branch offices.

(E)

The numbers and types of visits conducted.

(F)

The primary condition/diagnosis of patients.

(G)

Services provided which require specialized training.

(H)

Dissatisfaction expressed by patients regarding the supervision of services.

(d)

The evaluation shall be undertaken by a group which shall include the administrator, the Director of Patient Care Services, another licensed health care professional employed by the agency, and at least one physician. Results shall be documented and a plan developed, implemented, and documented for correcting deficiencies within specified time frames.