

SUBJECT: PLAN OF CARE	REFERENCE #2101
DEPARTMENT: DURABLE & HOME MEDICAL EQUIPMENT	PAGE: 1 OF: 8
APPROVED BY:	EFFECTIVE: REVISED:

PURPOSE:

To document appropriate interventions for care, treatment and/or services in response to clients' individual needs in accordance with professional standards of practice, as well as applicable state, federal and local laws and regulations.

POLICY:

- A plan of care (POC) or service shall be developed and implemented for each client with the exception of direct paying clients and items sold directly to facilities.
- The company provides care, treatment and/or services for each client according to professional standards of usual and customary practice and applicable laws and regulations, based on an established plan of care or service that reflects each client's individual needs.
- Orders and prescriptions are reviewed by qualified _____ personnel for appropriateness and accuracy before care, treatment and/or services are provided.
- The POC or service shall be developed and revised within five (5) working days of the initiation of each service or of reassessment of the client.

DEFINITION:

- The plan of care (POC) or service is a written plan established and reviewed with the physician and incorporated as a part of the client's permanent record.
- The POC sets forth the actions and equipment that will be required to meet the client's needs.
- The POC may include, but is not limited to, the Order Intake Form, prescription, treatment plan, etc.
- The POC is developed in conjunction with qualified _____ personnel and is based on initial and ongoing individualized client assessments.
 - Category I - Routine HME:
 - The POC or service for routine HME shall consist of the completed Order Intake Form, physician's prescription and signed delivery invoice.
 - This includes all basic HME items (i.e., wheelchairs, walk aids, bath aids, hospital beds).

DISCHARGE WORKSHEET

Client Name: _____ Date of Discharge: _____

SURVEY CLIENT'S FILE TO ENSURE IT CONTAINS THE FOLLOWING COMPLETED AND SIGNED FORMS:

- | | | |
|--|---|--|
| <input type="checkbox"/> Order intake form
<input type="checkbox"/> Original Invoice
<input type="checkbox"/> Equipment instruction checklist
<input type="checkbox"/> Physician's prescription | <input type="checkbox"/> Physician's telephone order
<input type="checkbox"/> Authorization to treat
<input type="checkbox"/> Plan of care
<input type="checkbox"/> Copy of signed pick up invoice | <input type="checkbox"/> Plan of treatment
<input type="checkbox"/> Medication profile
<input type="checkbox"/> Follow-up visit report(s)
<input type="checkbox"/> Authorization to release medical information |
|--|---|--|

NOTE REASON FOR DISCHARGE AND PROPER DOCUMENTATION IN HOME CARE RECORD:

CLIENT REQUESTS DISCONTINUATION OF SERVICE:

Discontinuation of equipment and/or service is believed to have a dangerous effect on client; the following steps were taken:

- Physician contacted; documented in client's home care record.
- Client informed of any adverse consequences which may result from discontinuation of equipment.
- Operations Manager consulted.
- Discontinuance of Service Against Medical Advice form completed.
- Protective services notified, if appropriate.

Discontinuation of equipment and/or service does not appear to medically or physically endanger client; the following steps were taken:

- All pertinent parties (family, physician, etc.) advised of request; documented in client's home care record.
- Client instructed regarding expected consequences, if any.
- Equipment picked up, as required.
- Notation made in client's record regarding reasons for discontinuation of service.

CLIENT EXPIRES:

- Family contacted, condolences expressed and arrangements made to pick up equipment as soon as possible.
- If supplies and/or equipment are nonreturnable, recommendations provided regarding their disposal or removal.
- Notation made in client's home care record regarding reason for discontinuation of service.

CLIENT REQUIRES EQUIPMENT/SERVICES NOT PROVIDED BY THE COMPANY:

- Client/referral notified that required equipment/services not provided by company.
- Client referred to other resources for required equipment/services.
- Transfer/referral coordinated with receiving organization and of any financial benefit to referring organization.
- Rationale for discontinuation of services is documented.

SUBJECT: ANNUAL COMPANY EVALUATION	REFERENCE #5009
DEPARTMENT: DURABLE & HOME MEDICAL EQUIPMENT	PAGE: 1
	OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

- To analyze the effectiveness of the organization’s practices, policies and procedures, including personnel, financial and program administration policies.
- To determine the effectiveness of performance improvement functions throughout the organization.

POLICY:

- The organization conducts an annual comprehensive evaluation of the organization’s functioning and performance relative to its written vision, mission, philosophy and goals.
- The annual evaluation shall include objective and documented analysis of the organization’s compliance with applicable federal and state regulations, accreditation guidelines and/or compliance with any applicable third-party payer requirements.

PROCEDURE:

- The Chief Executive Officer (CEO)/President, with input from the Board of Directors/ Governing Body, shall develop/select a comprehensive organizationwide evaluation tool that will include collection of both subjective and objective data about the organization functioning.
- During the last fiscal quarter a committee representative of managers/department heads and supervisors should complete an evaluation of company compliance with written policies and procedures.
 - Services, care and treatment will be evaluated for adequacy, effectiveness, efficiency and appropriateness.
 - At least one (1) component of the evaluation process will be an objective documented analysis of the organization’s compliance with the Medicare Conditions of Participation, as well as the regulations/standards of any other applicable regulatory agencies and/or applicable accrediting organizations.
 - A written report shall be completed and submitted to the CEO/President at least one (1) month prior to the end of the fiscal year. This report shall become part of the Annual Company Evaluation Report that is submitted to the Board of Directors and the Professional Advisory Committee.
- All organization employees, including contracted personnel, are encouraged to complete and submit an anonymous evaluation of organization practices, policies and procedures to an independent outside source.

SUBJECT: EQUIPMENT SET-UP PROCEDURE	REFERENCE #7102
DEPARTMENT: DURABLE & HOME MEDICAL EQUIPMENT	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

PURPOSE:

- To ensure that medical equipment provided to the client is set-up appropriately and safely in the client’s home environment.
- To respect and uphold client rights.

POLICY:

- The client shall receive equipment and services appropriate to his/her needs in a timely manner.
- Personnel shall demonstrate respect for the client and his or her property and knowledge of the equipment, and shall set-up equipment in a safe, efficient and professional manner.
- The proper operation of the equipment shall be assured before releasing for client use. Personnel shall be sensitive to the client concerns.

PERSONNEL STANDARDS:

- Personnel performing equipment set-up shall meet the qualifications specified within assignment of staff policy.
- No personnel shall provide assistance to clients with ambulation, transfer and/or mobility.
- No personnel shall administer medications unless he/she has the appropriate qualifications and/or licensure and the service is consistent with the scope of services provided by _____ and an appropriate physician’s order has been obtained.

PROCEDURE:

- Contact client and/or responsible person and arrange time for set-up visit.
- Secure required equipment and supplies.
- Verify rental ready status of all equipment, including:
 - Completed green “Rental Ready” tag
 - Next service date
 - _____’s name and phone number clearly visible on each rental item

DRIVER/SERVICE TECHNICIAN - ORIENTATION CHECKLIST

✓	Topic	V	W	D	E	R	T	Comments/ Follow Up Action
INTRODUCTION TO CORPORATION								
	History of Company							
	Scope of Services							
	Organizational Chart							
	Corporate Headquarters/Board of Directors							
	Future Goals							
INTRODUCTION TO DIVISION/REGION								
	Division and Regional Support Services							
	Geographical Distribution							
INTRODUCTION TO SATELLITE/BRANCH OFFICE								
	Scope of Services							
	Geographical Service Area							
	Lines of Communication with Regional and Corporate Offices							
	Hours of Operation							
	Emergency and On-Call Services							
	Accident/Incident Reporting							
	Back Safety Program							
	Equipment Incident Reporting							
	Performance Improvement Program							
	Emergency Management Plan							
	Fire Safety Program							
	Community Resources Available							
PERSONNEL POLICIES								
	Drug Testing							
	Driver's License							
	Driving Record							
	Performance Reviews							
	Competency Evaluations							
	Health Examinations							
	Employee Benefits							
	Vacations/Holidays							
	Dress Code							
	Back Support Belts							
	Disciplinary Process							
	Conflict of Interest							
	Incident/Accident Reporting							
	Employee Job-Related Injuries							
LEGEND:		V = Verbal Instruction	W = Written Evaluation	D = Demonstration				
		E = Evaluation	R = Return Demonstration	T = Tutorial				