Maintaining Your Accreditation Standards for HR Do Not Have to be a Trouble Spot for You

Mary Ellen Conway
Capital Healthcare Group
About Your Speaker

Mary Ellen Conway

- Nurse, healthcare consultant specializing in post acute areas of home health, DME, hospice, pharmacy and physician practice.

- President of Capital Healthcare Group
  - Consulting provider in Bethesda, MD founded in 2000.
  - Helping both large and small providers and suppliers in managing their audit and regulatory compliance issues.
  - Accreditation and state licensure survey issues for pharmacy, DME, home care and hospice.
  - ACHC certified consultant since 2014.
Welcome

- HR is concrete and manageable: not open for interpretation
- Don’t let compliance with HR overwhelm you. It can be accomplished without too much stress
Outline

- Review of Section 4: Human Resource Management
- Problematic Standards
- Tips to Maintain Compliance
- Your Questions
DID YOU KNOW?

DMEPOS Standards

Getting a New Look

No updates are currently being made to ACHC DMEPOS Accreditation Standards. Later in 2024, we plan to redesign standards to give you a simpler pathway to compliance.

You’ll benefit from a streamlined, convenient checklist format that will save time, reduce stress, and make it easier to prepare for accreditation. Our intention is to foster a better understanding of requirements while keeping quality and supplier standards the same.

CMS Updates

To align with recent CMS documentation changes for DMEPOS refill requests, ACHC has revised DMEPOS Standard DRX5-8A. Changes (shown below) became effective January 1, 2024.

Standard DRX5-8A: The organization does not supply services or products that are not specifically requested by a client/patient or the physician*/practitioner that has responsibility for the client/patient care.

Client/patient records contain documentation that any product provided was ordered by the physician* and requested by the client/patient/caregiver. For refill orders, there is documentation in the client/patient record of the items needed for refill, confirmation of the need for the refill, quantity on hand, and who requested it.

* A physician or other licensed practitioner with prescribing authority.
Section 4 HR Standards

For HME, Fitter Services, Clinical Respiratory, Infusion Pharmacy, Specialty Pharmacy-with or without DME
HR Standards

- Standards in this section apply to all categories of personnel in the organization.
  - Support personnel
  - Licensed or unlicensed clinical personnel
  - Administrative and/or supervisory employees
  - Contracted personnel
  - Independent contractors
  - Volunteers
  - Students completing clinical internships

- Check your copy of the standards to be sure which standards apply to your organization.
**DRX 4-1A**
- Written policies and procedures are established and implemented that describe the procedures to be used in the management of personnel files and confidential personnel records

**DRX 4-1B**
- Prior to or at the time of hire, all personnel will complete the appropriate documentation

**DRX 4-1C**
- All personnel files, at a minimum, contain evidence of the following items:
  - Application
  - Dated and Signed Withholding statement
  - Form I-9
  - Personnel Credentialing
  - TB Screening
  - Hep B Vaccination
  - Job Description
  - Drivers License (where applicable)
  - Criminal Background Check
  - Employee Handbook or Policy Acknowledgement
  - National Sex Offender and OIG exclusion
  - Annual Performance Evaluation
  - Completed Orientation Checklist
  - Confidentiality Agreement
  - Annual Competency Assessments
  - Annual Evaluation of Job Duties
DRX 4-2B
- Personnel are qualified for the positions they hold by meeting the education, training and expertise requirements defined by the organization. Personnel credentialing activities are conducted at the time of hire and upon renewal to verify qualifications of all personnel.

DRX 4-2C
- Written policies and procedures are established and implemented in regard to all direct care personnel having a baseline Tb test at any point in the past or in accordance with state requirement. Prior to patient contact, an individual Tb risk assessment and a symptom evaluation are completed.

DRX 4-2D
- Written policies and procedures are established and implemented that describe the process for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in the federal Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) standards.

DRX 4-2E
- There is a job description for each position within the organization that is consistent with the organizational chart with respect to function and reporting responsibilities.

DRX 4-2F
- Organizations that use motor vehicles that require a special class of driver's license (CDL) verify through a motor vehicle records check that the employee has a valid license upon hire and annually.
DRX 4-2H

- Written policies and procedures are established and implemented in regard to background checks being completed on personnel who have direct client/patient care and/or access to client/patient records. Background checks include:
  - OIG Exclusion List
  - Criminal Background Record Check
  - National Sex Offender Registry

DRX 4-2I

- Written personnel policies and procedures an/or employee handbook are established and implementing describing activities related to personnel management. Include but not limited to:
  - Wages and Benefits
  - Complaint and Grievances
  - Recruitment, hiring and retention of personnel
  - Disciplinary action/termination of employment
  - Professional boundaries and conflict of interest
  - Performance Expectations and Evaluations
• **DRX 4-2J**
  • Written policies and procedures are established and implanted in regard to written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.

• **DRX 4-5A**
  • The Complex Rehabilitation and Assistive Technology Supplier has at least one trained technician available not service each location appropriately depending on the size and scope of its business.

• **DRX4-5C**
  • There is a qualified person responsible for supervision of Home Medical Equipment (HME) and Fitter services.

• **DRX4-5E**
  • There is an experienced individual responsible for supervising respiratory equipment services.

• **DRX4-6A**
  • Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation.
    • The organization creates and completes a checklist or other methods to verify that the topics have been reviewed with all personnel.
DRX 4-6A Orientation Checklist

- Review of the individual's job description, duties performed, and the individual’s role in the organization
- Organizational chart
- Record keeping and reporting
- Confidentiality and privacy of Protected Health Information (PHI)
- Client's/patient's rights
- Advance Directives, if applicable to the service(s) provided
- Conflict of interest
Orientation Checklist - Continued

- Written policies and procedures
- Emergency plan
- Training specific to job requirements
- Additional training for special populations, if applicable (e.g., nursing homes, pediatrics, or disease processes with specialized care)
- Cultural diversity
- Communication barriers
- Ethical issues
Orientation Checklist - Continued

- Professional boundaries
- Performance Improvement (PI) Plan
- Compliance Program
- Conveying of charges for care/service
- Occupational Safety and Health Administration (OSHA) requirements, safety, and infection control
- Orientation to equipment, if applicable as outlined in job description
- Incident/variance reporting
- Handling of client/patient complaints/grievances
- ACHC Accreditation Standards
DRX4-7A

- Written policies and procedures are established and implemented requiring the organization to design a competency assessment program on the care/service provided for all personnel who set up, train, clean, test, repair, and/or educate on the use of medications, equipment, and/or supplies.

DRX4-8A

- A written education plan is developed and implemented that defines the content, frequency of evaluations, and amount of ongoing in-service training for each classification of personnel. Education plan includes:
  - Emergency/disaster training
  - How to handle grievances/complaints
  - Infection control training
  - Cultural diversity
  - Communication barriers
  - Ethics training
  - Workplace (Occupational Safety and Health Administration [OSHA]), client/patient safety, and components of DRX7-2A
  - Client/patient rights and responsibilities
  - Compliance Program
▪ **DRX4-11C**

  - An organization that uses outside personnel to provide care/services on behalf of the organization has a written contract/agreement for care/services that is kept on file within the organization. Arranged care/services are supported by written agreements that require that all care/services are:
    - Authorized by the organization
    - Furnished in a safe and effective manner by qualified personnel/organizations
  
  - Organizations that utilize personnel/organizations on an hourly or per visit basis have a written contract/agreement that includes, but is not limited to:
    - The care/services to be furnished
    - Compliance with organizational policies and procedures, including personnel qualifications, orientation, competencies, and required background checks
    - Responsibilities of each party
    - The manner in which care/services will be controlled, coordinated, and evaluated by the primary organization
    - The procedures for submitting documentation
    - Procedures for the payment, including the amount, for care/services furnished under the contract
    - Duration of contract/agreement
    - Overall responsibility for supervision of personnel
    - Other applicable laws and regulations
Items Some Organizations File Separately

- **Medical/Health File**
  - Hep B Consent-Dates/Declination
  - TB Test and/or evaluation
  - Drug Testing Dates-Results
  - Pre-Employment Physical---Free of Communicable Disease Statement from Dr
  - COVID Vaccine Dates

- **I-9 Forms with Copies of Documentation Attached**

- **Electronic vs Paper**

- **Education Binder**
  - Course Provided, Content, Date and Time, Instructor-Method Used
  - Sign-In Sheets

- **Anything You Might Need to Access Quickly**
  - Annual Evals
  - Competency Evals
  - Drivers License Info When Needed for Insurance
Problematic HR Standards
Comment on Deficiencies

- Compliance is evaluated through review of policies and procedures and documentation of ongoing competency assessments. Most deficiencies resulted from missing policies and procedures for competency assessments or lack of documentation of required competencies in individual personnel files.

Frequency of Citation: 25%

Examples:

- Written policy or procedure does not address the requirement to assess that personnel who set up, train, clean, test, repair or educate on the use of medications, equipment and/or supplies are competent to provide quality care/service.
- Personnel files did not include documentation of competency assessments initially during orientation prior to providing a new task and annually.
- Employees had an initial competency assessment, but since then.
- There were no personnel files available for review.

All personnel who set up, train, clean, test, repair or educate on the use of medications, equipment and/or supplies participate in the organization’s Competency Assessment Program.
Comment on Deficiencies

- Compliance is assessed through review of policies and procedures, response to interviews and review of training/in-service logs. Most deficiencies noted that some or all of the required topics were missing from an educational plan.

**Frequency of Citation:** 22%

**Examples:**

- The organization's education plan did not include:
  - Cultural diversity
  - Education on how to handle grievances/complaints
- Personnel files did not include evidence that ongoing education was completed
Tips for Compliance

▪ Use a standard layout for each HR file
▪ Use blank pages if something is temporarily missing
Tips for Compliance

- Use Excel to maintain your data base of expirations.
  - License
  - Annual Eval
  - Competency

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Additional Tips - Competency

- Ensure that assessment of skills is specific to the employee’s role and job responsibilities.
  - Complete Competency Assessments during orientation and then on an annual schedule for everyone or when new equipment or supplies are added.
    - An annual schedule is easier to maintain than an individual one.
  - Establish a plan for education of personnel who do not meet competency requirements.
  - Make sure clinical competencies are evaluated by a similarly licensed person.
    - Ex: For organizations with only one RT, have them ask a fellow licensed RT to perform their evaluation---clip a copy of that person’s current, valid RT license to the back of the competency form completed
  - Don’t forget to include competency for on call staff who may have to troubleshoot problems with equipment afterhours.
### ITEM COMPETENCY

**ITEM: Medication Nebulizer**

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**Prior to Set-up**
- Technician verifies patient information
- Technician selects item—checks to ensure it is ready for service
- Technician gathers patient educational materials
- Technician gathers patient paperwork

**Delivery and Set-up**
- Technician observes clean/dirty in vehicle
- Technician unloads all necessary items appropriately
- Technician introduces self to patient/caregiver
- Technician performs handwashing pre and post set-up
- Technician performs adequate home safety assessment
- Technician sets-up and programs equipment correctly
- Technician instructs use of nebulizer to patient/caregiver
- Technician explains changing and cleaning filters
- Technician explains troubleshooting, safety measures
- Technician explains maintenance and cleaning of nebulizer and supplies
- Technician solicits and answers questions correctly
- Technician observes a return demonstration

**Paperwork**
- Technician explains all items and gets required signatures
- Technician leaves patient with all necessary copies
- Technician ensures patient/caregiver know how to reach office and any relevant emergency or after-hours procedures
- Paperwork is reviewed for accuracy

Further supervision or review needed?  ____ No  ____ Yes: ____________________

Evaluator’s Signature: ____________________ Date: ____________________

Technician’s Signature: ____________________ Date: ____________________
**PHARMACY TECHNICIAN COMPETENCY**

Name: ______________________________________  Page 1 of 2

**INSTRUCTIONS:** Complete this skill sheet. Use the "comments" section to state any concerns or issues.

Skill Level Legend:
1 = No contact w/equipment or this patient situation. No knowledge of procedure.
2 = Understand procedure and patient situation but never performed task.
3 = Have performed this task infrequently and would need supervision.
4 = Have performed this task frequently and can perform independently.

Legend:
E = Excellent
S = Satisfactory
N = Needs Improvement
N/A = Not Applicable

* Competency testing is completed on hire and on an annual basis.

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SPECIALTY INTEREST AREA:

COMMENTS (any additional skills):

Signature: ____________________________ Date: ________________

Reviewed by: _________________________ Date: ________________
Tips for Compliance - Annual Education

- Complete and document completion of annual training/education for all staff.
- Add each of the required educational topics to a checklist for required annual education.
- Have an annual calendar or list available each year showing the topics.
- Can file each employee’s education completed in their file, or all in one place.
- Use a Learning Management System (LMS) that has a component for DME—not just for healthcare.
  - HealthTrainU, DME Train
  - Be careful with hospital or healthcare system LMS
## Tips - Use a Personnel File Checklist

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Tips for Compliance—Conduct Mock Surveys

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Using a Consultant

- Use for first time through accreditation
  - ACHC recommends it

- Very helpful if new staff are now in charge of renewal
  - May not have appropriate experience
  - May have unusual questions
  - Shouldn’t overwhelm your ACHC contact

- **PLEASE** use an ACHC certified consultant
  - Certification renewed every three years
Questions?
Thank you

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Cell: 301-675-1649