

## **Coordination of On-Site Health Services Between ALF/RCF, Home Health and Hospice**

### **Background/Issue:**

The Department of Human Services, Seniors and People with Disabilities Division (SPD) along with Public Health Division (PHD) are directed by state and federal requirements to ensure the coordination of care for people who receive services from outside providers and who reside in licensed community based care settings.

Oregon Administrative Rules require ALF/RCF providers to be notified of services provided by outside providers and to have policies to ensure that outside health service providers leave written information in the facility<sup>1</sup>.

Medicare rules require home health and hospice providers to be in charge of plans of care for services they are providing to their patients. On-site health providers are making visits to multiple homes/facilities each day.

Both facility and outside providers have goal of assuring resident receives appropriate and consistent care and services. Both believe communicating and sharing of information should not be a burden on either party.

### **Collaborative Discussion:**

Recently, SPD and PHD have been collaborating with ALF/RCFs, Home Health and Hospice associations and agencies to develop guidelines for what steps need to take place to demonstrate there is coordination of services between entities. With the mutual goal of appropriate and consistent services/care for residents, the collaboration is intended to:

- Ensure all parties understand their role and responsibilities in the treatment of residents
- Ensure all Health Services Provider staff, as well as facility staff, work in an interdisciplinary manner including nursing assessment
- Define reasonable documentation and information that avoids duplication of effort and resources;
- Ensure consistency in survey interpretation between SPD and PHD surveyors related to the coordination of services issue.
- Identify shared understanding between facility, home health and hospice leadership to resolve policy level issues.

### **Definition:**

“On-site Health Services Provider” means a health care professional who works for a Home Health Agency, Hospice or other privately paid supplemental health care agency to provide on-site services to a resident in a Community Based Care (CBC) setting.

### **Guidance**

- 411-054-0005 (Definitions for Change of Condition – Short term and Significant

- 411-054-0040 (Change of Condition and Monitoring)
- 411-054-0045 (Resident Health Services)
- OAR 333-027-0080 (1)(c)(d) Patient Rights
- OAR 333-027-0120 Coordination of Patient Services
- OAR 333-027-0130 (1) Nursing Services
- 42 CFR Part 484 – Home Health Agencies, 42 CFR Part 418 Hospice - (Regulatory Guidance)
- OAR 851, Division 47 – Nurse Delegation

To meet the goals listed above, following is a recommended protocol for the coordination of care for CBC communities and home health/hospice agencies.

### **RECOMMENDED COMMUNICATION GUIDELINES:**

1. The facility designee and the on-site health services provider will discuss schedules and how information will be exchanged in order to assure continuity of care for the resident. On-site health services providers and facility staff will agree to make it clear what type of communication, written or verbal, will be left, where communication will be left, and who will be available for any face-to-face communication that is necessary.
2. The on-site health services provider will leave written information regarding how to contact their agency 24 hours a day, 7 days per week for any changes in patient condition or for questions related to the services and care provided under their direction.
3. **Treatment by on-site health services provider that requires facility follow-up**
  - If a treatment or visit by the on-site health services provider is of an urgent nature and will require follow-up by the facility, the on-site health services provider will alert the facility designee by the agreed upon method before leaving the building.
4. **Service plan update**
  - If the on-site health services provider identifies changes that should be made to the resident service plan, the on-site health services provider will document this in their notes to the facility.
  - The facility nurse or qualified staff will review the on-site health services provider's documentation and ensure the resident's service plan has been updated as appropriate.
5. **Significant change of condition**
  - If the on-site health services provider notes a significant change in condition, the on-site health services provider will notify designated facility staff person either verbally or leave information in writing.
  - If there is a significant change in condition, facility staff will:

- Immediately notify the on-site health services provider in order to make a visit if necessary or to coordinate with the facility regarding transportation of patient for urgent or emergency care.
- Notify the facility RN. The facility RN will review and acknowledge the onsite health providers assessment and update the service plan as appropriate.

## 6. RN delegation

- Prior to a hospice or home health RN delegating a task of nursing to the facility staff, the home health or hospice RN and the facility RN will discuss the resident needs and the risk associated with the proposed delegation. Any or all delegation tasks will be done in accordance with Division 47 regulations and only if deemed safe and appropriate by the facility RN.

### Recommended On-site Health Services Provider documentation

1. On-site health services provider will leave written information and instructions with the facility designated staff to direct them in providing any care necessary to supplement the care of on-site health care providers (*e.g., if facility is providing wound care to the resident the facility will have specific instruction*)
2. On-site health services providers will provide a medication list with any instructions for administration of medications that the facility will be administering. Written orders from a home health or hospice nurse will be honored the same as if the order was written by any duly authorized practitioner with prescriptive authority provided those orders are within the parameters of the home health or hospice plan of care.
3. On-site health services provider will leave in a designated area, written communication regarding their planned visit schedule and an update on care as needed for the resident.
4. On-site health services provider may provide additional information that includes any follow-up instructions as needed to ensure resident's care needs are met.

### Recommended Facility Protocols:

1. The facility will have a policy that outlines the protocol for working with on-site health service providers and coordinating care with those providers including sharing of the facility service plan.
2. The facility management will contact the on-site health services provider manager to:
  - Review the policy on working with the contracted on-site health services provider
  - Discuss the possibility of receiving additional documentation that is needed by the facility to meet regulatory requirements.
3. Upon discharge from services by the on-site health services provider, the facility will review/evaluate the resident and update the service plan if necessary. The service plan may include preventative measures if applicable.

## **Recommended Procedure for Surveyors:**

1. Create a sample selection that includes residents receiving services from hospice, home health, or other privately paid supplemental health care provider.
2. Interview staff to ensure they are aware of what, when, why and how often outside services are being provided and what to do in the interim.
3. Review the resident record for:
  - Documented evidence of information being left from on-site health services providers;
  - Evidence of update of the service plan to assure it is reflective of the resident status; and
  - Evidence the facility including licensed staff as appropriate have coordinated care with the on-site health services provider and incorporated information from onsite health provider into the resident assessment, evaluations and service plans to assure continuity of care.
4. **If** the surveyors have
  - concerns with documented information,
  - interviewed staff who are unaware of treatment or responsibility, or
  - observed that suggested treatment was not being done;Surveyors will request the facility's policy outlining protocols for working with on-site health service providers.

## **DHS Responsibility**

Upon agreement to these guidelines by all interested parties, DHS will inform surveyors and policy staff and train to these guidelines. An Administrator Alert will be sent to facility providers and provider organizations.

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<sup>i</sup> 411-054-0045 (2)(a) On-site Health Services effective 1/1/2008 require:

- ALF/RCF provider to coordinate the provision of on-site health services with outside providers (e.g., hospice, home health)
- Facility management or licensed nurse to be notified of services provided by the outside provider to ensure that:
  - staff are informed of new intervention
  - the service plan is adjusted if necessary
  - reporting protocols are in place
- Facility to have policies to ensure that outside service providers leave written information in the facility that addresses the services being provided to the resident and any clinical information necessary for facility staff to provide supplemental care
- Facility nurse to review the resident's health-related service plan changes made as a result of the provision of on-site health services by an outside provider