

Home Health VNA, Inc.

SUBJECT: SUPERVISION OF HOME HEALTH AIDE

PURPOSE: To ensure that all licensed clinicians comply with regulations, laws and agency standards regarding the supervision of the Home Health Aide.

POLICY

1. Home Health VNA (HHVNA) home health aides are supervised by a registered nurse or, when appropriate, a therapist. The supervisory visit evaluates the effectiveness of the home health aide's performance with the Plan of Care in a timely and ongoing manner and ensures that the services ordered meet the patient's needs.
2. Patients receiving skilled care will receive a home health aide on-site supervisory visit (in the patient's home) no less than every 14 days. The supervisory visit may be direct (with home health aide present) or indirect (with home health aide absent) for the purpose of re-assessing the home health aide Plan of Care and services.
3. Patients receiving home health aide services who are not receiving skilled nursing care, physical or occupational therapy will receive an on-site supervisory visit with the home health aide present, from the registered nurse no less frequently than every 60 days.

PROCEDURE

1. A registered nurse is available 24 hours a day 7 days a week for HHVNA aides who require assistance in the home setting.
2. The registered nurse or therapist must make an in-home supervisory visit no less frequently than every 14 days.
3. If the patient receives skilled nursing care, the registered nurse must perform the supervisory visit. If the patient is not receiving skilled nursing care, but is receiving another skilled service (that is, physical therapy, occupational therapy or speech-language pathology services), supervision will be provided by the appropriate therapist.
4. The qualified clinician will supervise all activities delegated to the home health aide. The frequency of the indirect supervision will be determined by the patient's condition, the home health aide's competency and the category of the activity being delegated.
5. The registered nurse or therapist will document according to documentation standards as follows:
 - a. whether or not home health aide was present,

- b. a review and revision of the home health aide plan of care based upon the patient's changing needs and home health aide's competencies,
 - c. communication with the patient, representative (if any), caregivers and family
 - d. demonstrated competency with assigned tasks
 - e. compliance with infection prevention and control policies and procedures
 - f. reported changes in the patient's condition
 - g. patient's rights honored
 - h. the level of patient satisfaction with the plan of care and aide
6. If a clinician identifies any potential deficiency in home health aide service, the clinician performing the supervision would have to make an on-site visit to the location where the patient was receiving care in order to observe and assess the home health aide while he/she was performing care.
7. If a deficiency in home health aide services was verified by the clinician performing the supervision during an on-site visit, the agency would have to conduct, and the home health aide would have to complete, a competency evaluation in accordance with Federal Conditions of Participation at 484.80 (Competency Evaluation)

Reference:

CFR 484.80(g) Home Health Aide Assignment and Duties

CFR 484.80 (c) Competency Evaluation

Responsibility: Professional Visiting Staff

Distribution: Leadership

Nature of Change:	added references
CCO Signature:	_____ / ___ / ___ Date
CEO Signature:	_____ / ___ / ___ Date

