

**LEDYARD REGIONAL VISITING NURSE AGENCY
QUALITY ASSURANCE REPORT
JULY 1, 2020 - JUNE 30, 2021**

Ledyard Regional Visiting Nurse Agency (LRVNA) is a State-licensed, Medicare-certified home care agency, which also includes school nursing. We are one of four municipal, non-profit agencies remaining in CT. Home health nurses provide the elderly, chronically ill or frail residents with high-quality, cost-effective home care. Our home care borders include surrounding towns.

The Quality Assurance Committee met during the 2020-2021 year. The objective is to ensure a process that systematically evaluates programs and services to improve the quality of health care for all patients and residents of Ledyard. Major accomplishments included reviewing outcome reports on performance, consumer responses, revising the admission survey, reviewing Home Care Compare reports and reviewing Quality Assurance Policies and Procedures.

The Professional Advisory Committee met (remotely) twice during the 2020-2021 year. This Committee is comprised of professionals in active practice (or who have been in active practice within the last five years) appointed by the LRVNA Board who evaluate, review, and approve quality assurance/performance improvement activities, standing orders, standards of care, position descriptions, Agency programs, all incident and accident reports, medication events, ethical concerns, and patient care management. Ongoing policies are reviewed annually and changed accordingly.

Staffing

All positions in school nursing are filled. A per diem Speech/Language Pathologist and a Medical Social Worker are needed.

Agency Staff

- 2 clerical support staff (1-35 hours, 1 40-hours)
- Administrator (40 hours)
- Supervisor of Clinical Services (35 hours)
- 4 school RNs (35 hours)
- 2 per diem school RNs
- 4 school health assistants
- 1-35 hour home care RN
- 2-28 hour home care RNs
- 1-21 hour home care RN
- 2 per diem home care RNs
- 2 per diem home health aides
- 5 contracted health professionals
- IV Therapy contracted
- Dental hygienists through Smiles program in schools
- 24-hour on-call nursing service/answering service
- Dr. Gates - Medical Director
- 1 per diem CPR instructor

Contracted Professionals - All meet qualifications at a supervisory level. A minimum of three years directly related experience is required. All maintain current licensure, CPR/AED, and professionally required continuing education.

Contracted Providers - Credentials are maintained by their employers. Evidence of current licensure, CPR, and continuing education is kept on file.

Evaluation of Performance

According to the Town of Ledyard policy, staff performance evaluations are done annually. All new staff is evaluated after 3 months of employment, and again after 6 months. Evaluations based upon job description are also done when an employee's duties change or upon termination. Once an evaluation is reviewed with the employee, it is kept in their personnel file. The Administrative Supervisor's evaluation is filed with Human Resources.

Orientation

All employees hired directly or by contract, completed an orientation program to the Agency and position prior to providing service. Beginning February 1, 2016, all home care employees are required to have a background check and be fingerprinted through a Medicare contracted agency, ABCMS (Applicant Background Management System). In March 2020, this was temporarily suspended due to COVID, but has since resumed. All other background checks were performed.

Clinical Competency

Clinical competency is evaluated at hire for the professional staff and ongoing throughout the year. Methods include direct supervisory visits in the home and other settings, peer record review, formal and informal case conferencing, required competencies on skills and knowledge, and the quarterly clinical record review process. There were over 12 skill training and tests for the home care nurses. Copies are filed in the employee's competency file.

LRVNA policy determines the minimum amount of continuing education required each year. All staff is encouraged to obtain advanced degrees or certification. Part-time staff has prorated requirements.

Clinical competency of the contracted therapists and social worker was evaluated for compliance to Agency policies for providing care by supervisory peer reviews, clinical record reviews, direct supervisory visits, competencies completed and continuing education requirements.

In home care, the nurses and the Administrator Supervisor collectively attended 85 hours of continuing education in addition to mandated inservices (either CAHHC classes or webinars). One 28-hour nurse is wound care certified.

In the school nursing program, all school nurses met or exceeded the required ten hours of continuing education every two years. DCF training is done yearly online and every 3 years onsite.

Mandatory Training

Annually, all home care and school health employees are required to maintain CPR certification, OSHA training (including communicable disease statutes, preventative measures, and bloodborne pathogens), infection control, latex allergy, and HIPAA training. Fire safety, dementia and elder abuse training are required for home care personnel. All met the requirements. Quarterly fire drills are held. Fit testing was also performed on RNs. Sexual harassment training is mandated by the Town. Extensive PPE training was held for each employee due to COVID.

Inservice Education

The licensure regulations of the State of Connecticut require that, “an Agency has an Inservice Education Policy which provides an annual average of at least one (1) hour per month for each employee servicing patients.” Home health aides are required to complete twelve (12) hours per year. All staff met this requirement. Staff input is critical to a successful year. OASIS NP by Fazzi Associates, an online program that has monthly inservices and tests for home care staff was utilized. Skin integrity was this year’s focus.

Clinical Record Review

Agency Clinical Record Reviews (CRR) were held quarterly during the year. Membership included one physical therapist, one occupational therapist, one speech pathologist, one MSW, one administrative supervisor and one clinical supervisor.

Ledyard Regional VNA Record Review Committee 2020 – 2021

Karen Goetchius, MSN, RN, CHCE Administrative Supervisor 741 Colonel Ledyard Highway Ledyard, CT 06339	Rebecca Scahill, RN Clinical Nurse Supervisor 741 Col. Ledyard Hwy. Ledyard, CT 06339
Donna Libby, PT 12 Julian Street Norwich, CT 06360	Jennifer Beaupre, SLP 27 Lochdale Drive Oakdale, CT 06370
Dana Steniger, OT 260 Shetucket Tpke. Voluntown, CT 06384	Beth Avery, MSW 5 School Street Mystic, CT

Records from the previous quarter were reviewed on:

July 26, 2020
October 20, 2020

January 28, 2021
April 1, 2021

32 LRVNA (14 active, 18 discharged) therapeutic records were audited with all services provided including: 5 wound audits (all in compliance) and 6 adverse event records.

The following data was collected: Of the 6 adverse events, there were 2 decreases in ADLs that went to hospice, 1 med event, 2 UTIs and 1 hypoglycemia.

Total # of cases reviewed by service:

- 32 Skilled Nursing (16 in compliance)
- 18 Physical Therapy (12 in compliance)
- 5 Occupational Therapy (3 in compliance)
- 1 Speech Therapy
- 8 Home Health Aide (8 in compliance).
- 1 MSW

Records were reviewed for appropriateness of care in accordance with accepted standards of practice and for technical compliance to Medicare and State Regulations. Process outcome audits were done in all discharged cases. Results of the audits and significant findings were presented to the staff at the next monthly staff meeting. A plan of correction was done and evaluated quarterly.

LRVNA proudly did 5,263 visits during the 2020-2021 year (5,894 in 2019-2020). This includes private pay patients for personal care only.

State/Medicare Survey

Awaiting survey.

Med Management 2021 Annual Evaluation of QAPI Program

1. The QAPI Program is evaluated by the Professional Advisory Committee with input from employees, referral sources, patients/families.

Program Activity and Indicators – Casper reports are no longer available.

Clinical Record Review

Home Health Compare: 4 1/2 out of 5 stars

iQies Report – see below

Fazzi – Overall care LRVNA 90%, CT 81%

Complaints: None

Fazzi: Adverse Events

Talk about meds: 95%

Ask to see meds: 82%

Talk about purpose: 86%

When to take med: 70%

Side effects: 64%

iQies Report

Drug regimen problem found. High!

98.11%, National: 18.97%

Managing oral meds: 1.60%, National 2.49%

Action

1. On SOC/Recert – Comprehensive assessment not done. RN needs to ask patient to put all meds on table. Each prn med must be asked for usage and why. OTC meds need to be included.
2. Med reconciliation – W-10 not always timely/MD office med list also late. RN missing frequency with PRNs. End dates for antibiotics and others need to be on 485.
3. Communication – Teach back at each visit.
4. iQies Report with problem found, too high. Does RN know how to fill out question correctly? Administrative Supervisor to research through CAHC.
5. 1 Adverse Event – Hypoglycemia → Transfer to Hospice.

Ongoing Training

Quarterly review of CRR at staff meetings.

Med Events

18 July 2020 – June 2021

14 July 2019 – June 2020

12 July 2019 – June 2019

No hospitalizations.

QAPI PROGRAM – MEETINGS

Dates: 10/18/20, 1/13/21, 4/30/21

Time: 2:30 – 3:00 p.m.

Attending: K. Goetchius, Administrative Supervisor; R. Scahill, CNS; RNs: M. Gallant, C. LeBlanc, D. Piazza, C. Rotchford

1. HHQI 9/20/20 report
2. 0 complaints in the book
3. 1 Adverse Med Event: Improper dosage →hospital/demented patient
iQies Report: LRVNA 1.43% (0% last year), 0.58% national
4. HCAHPS survey: Nov 2020 – 9 surveys
 Dec 2020 – 6 surveys
 Jan 2021 - 4 surveys
 July 2021 – 15 surveys

Med questions: Did the RN talk about purpose, when, side effects of meds?

Purpose: 3 No

Side effects: 2 No

When: 2 No

Each survey discussed with RN for cause analysis. RN did educate, but patients confused or did not understand the question.

Lessons learned: When educating on meds, let patient know in simple, easy terms what you are doing with verbal understanding with teach back. Do med reconciliation each visit. If narcotics, ask patient to count. If not, document.

Patient Satisfaction Survey: 4 out of 5 stars

Patient Satisfaction Question: Did RN discuss meds: LRVNA 82%, 83% National

Med events – Slight uptick due to increase in debility of patients/confusion/inability to pick up meds

IQies:

1. 5 or more meds: LRVNA 98.38%, National 94.3%
2. Problem found: LRVNA 98.05%, National 18.95%

(1) MSW

(2) OT was offered for support and eval of med management if needed.

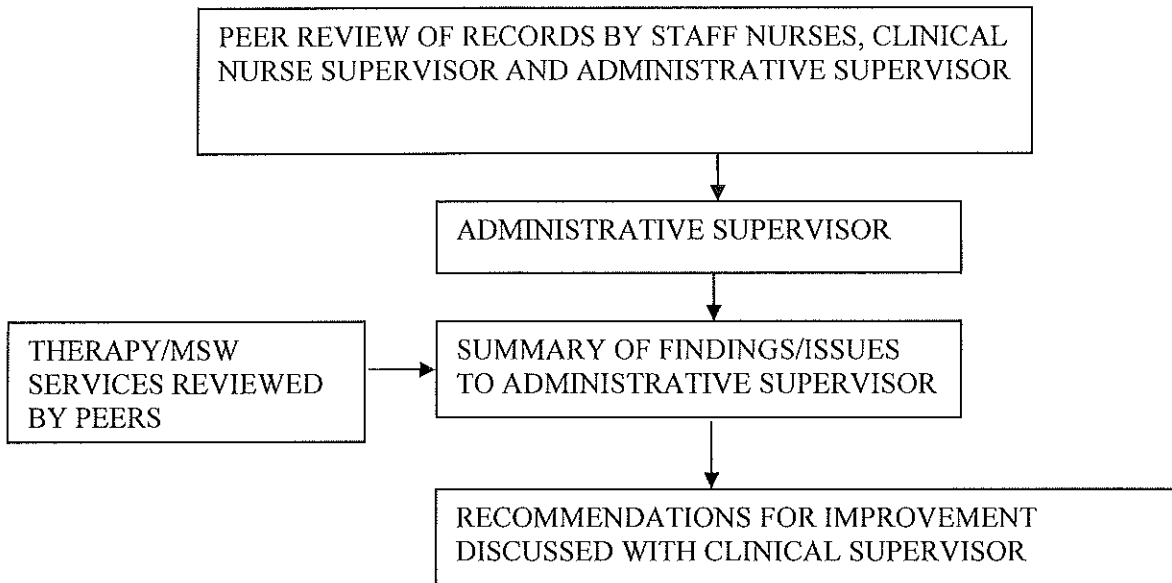
Over the next quarter, staff will focus on each visit having patient or caregiver verbalize understanding of each med. Recommend OT when needed. Encourage prefilled med packs.

Communication with therapy for medication reinforcement.

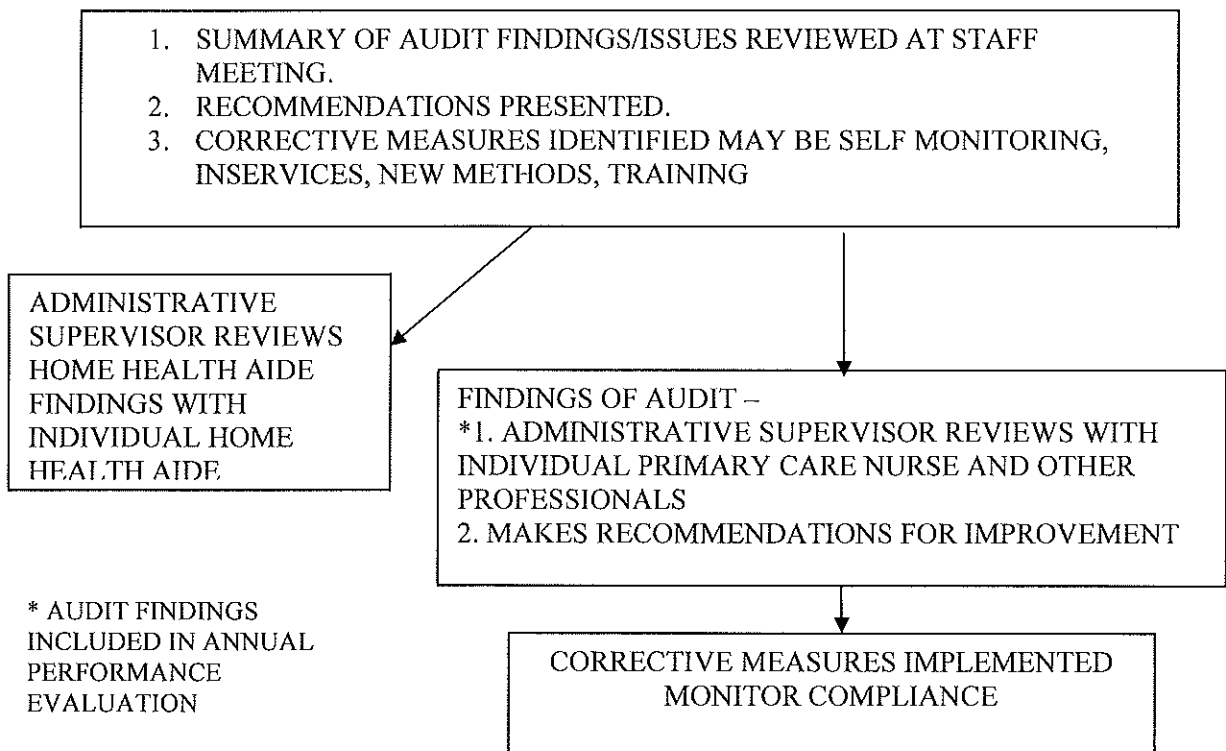
To PAC September 2021.

Recorded by K. Goetchius, MSN, RN, CHCE, Administrative Supervisor

CLINICAL RECORD REVIEW PROCESS



PLAN OF CORRECTION



* AUDIT FINDINGS INCLUDED IN ANNUAL PERFORMANCE EVALUATION

PROCESS/OUTCOME: AUDIT SUMMARY JULY 2020 - JUNE 2021

18 discharged records were reviewed during the quarterly clinical record reviews. The patient's rehabilitative service goal was determined by the primary care nurse on admission and evaluated as needed during the patient's period of service. On discharge, the primary care nurse evaluated whether the patient met the service program goal. The rehabilitative outcomes utilized are approved by the Commissioner of Health in accordance with Home Health Care Agency Regulations Sec. 19-13-D76 (g)(3).

The service program goals are identified by rehabilitative groups:

- Group I Patient's health problem resolved. Need for nursing visits eliminated. 6 possible achievable goals
- Group II Patient/family (caregiver) will learn to independently manage continuing health problems. 12 possible achievable goals
- Group III Patient will be rehabilitated to maximize functioning level without continued visiting nurse assistance. 11 possible achievable goals
- Group IV Chronically ill patient will be maintained at home with ongoing visiting nurse assistance as long as possible. 2 achievable goals
- Group V Patient with end stage terminal illness will be maintained at home as long as possible. 1 achievable goal

Out of 18 discharged records, all achieved all applicable goals during their course of care indicating the effectiveness of appropriate assessment, intervention, and outcome of service.

PERFORMANCE IMPROVEMENT ACTIVITIES

July 1, 2020 – June 30, 2021

Admission Survey

The admission survey helps determine how patients elect to receive home care services from LRVNA. This information is helpful for public relations planning and informing the public of services available. There were 292 surveys collected by the nurses from patients at the time of admission to home care for a 94.8% rate of return.

1. How did you hear about LRVNA's home care services (check all that apply)

- 35 (11.99%) your doctor
- 69 (23.63%) Yale New Haven (includes L&M and Westerly Hospitals)
- 19 (6.51%) Hartford Health Care (includes Backus Hospital)
- 23 (7.88%) SNF
- 5 (1.71%) friend
- 9 (3.08%) relative
- 0 (0%) senior center
- 1 (0.34%) flyers/newsletter
- 6 (2.05%) Town/LRVNA web site
- 139 (47.26%) Previous experience with Agency
- 13 (4.45%) Other referral sources: Atria, Brigham & Women's, UCONN Health Center, Beth Israel, Rhode Island Hospital, L&M Wound Clinic, Mass General, Albany Medical Center, Tribal Health Services, Bridgeport Hospital, West Haven VA

Outcome:

Comparison of Patient Referral Sources

	2018-19	2019-20	2020-21
MD	10.4%	10.85%	11.99%
Discharge Planners	21.6%	23.73%	38%
Previous Experience with LRVNA	51.1%	60%	47.26%
All Other Sources	16.9%	13.56%	2.75%

Referred – Not Admitted 7/1/20 – 6/30/21

Community Service	9
Refusal	19
Out of Town	3
Other Agency	14
Permanent Placement	2
No Speech	1
No Answer	0
Hospice/Died	17
Not Homebound	3
Other (no skill, outpatient, etc.)	6
	74

Patient Satisfaction Survey PI

From the results released on December 31, 2020, LRVNA scored in the top 25% of all agencies for the 6th time. 220 surveys were sent out with a 41% response rate. 84% of those surveyed would recommend Ledyard VNA (up from 82%). QA Committee to review. This is the 12th straight year that Ledyard Regional VNA ranked in the top. See how we did: <https://www.medicare.gov/homehealthcompare/search.html#>

The **quality of patient care star rating** summarizes 9 of the 29 quality measures reported on Home Health Compare. It provides a single indicator of an agency's performance compared to other agencies.

- A 4- or 5-star rating means that the agency performed better than other agencies on the 9 measured care practices and outcomes.
- A 1- or 2-star rating means that the agency's average performance on the 9 measured care practices and outcomes was below the averages of other agencies.

Ledyard Regional VNA has consistently maintained 3 ½ - 5 stars since the rating was created.

	LEDYARD REGIONAL VISITING NURSE AGENCY	CONNECTICUT AVERAGE	NATIONAL AVERAGE
Measure Description Quality of patient care star ratings	4 out of 5 stars	3 out of 5 stars	3 ½ out of 5 stars

Home Care Elite Award - For the 11th consecutive year, LRVNA was the recipient of the Home Care Elite award. Winners are ranked by an analysis of performance measures in quality outcomes, quality improvement and financial performance.

For quality of patient care, Ledyard is rated at 4 out of 5 stars.

This data collected is from January 2010 – December 2021.

Outcomes	Ledyard RVNA	State	National
Better walking/moving	88.4%	77.4%	79.6%
Better to/from bed	100%	79.5%	81.1%
Better at bathing	90.4%	77.9%	82.3%
SOB less often	88.5%	79.4%	82.8%
How often patients admitted to hospital	15.8% (lower is better)	16.6%	15.4%

To improve LRVNA’s score for patients getting in and out of bed, physical therapy is also evaluating patients and case conferencing with the RNs. Medicare.gov now has one place (Home Care Compare) where a patient/family can compare agencies by patient satisfaction/QA according to zip code.



Ledyard VNA

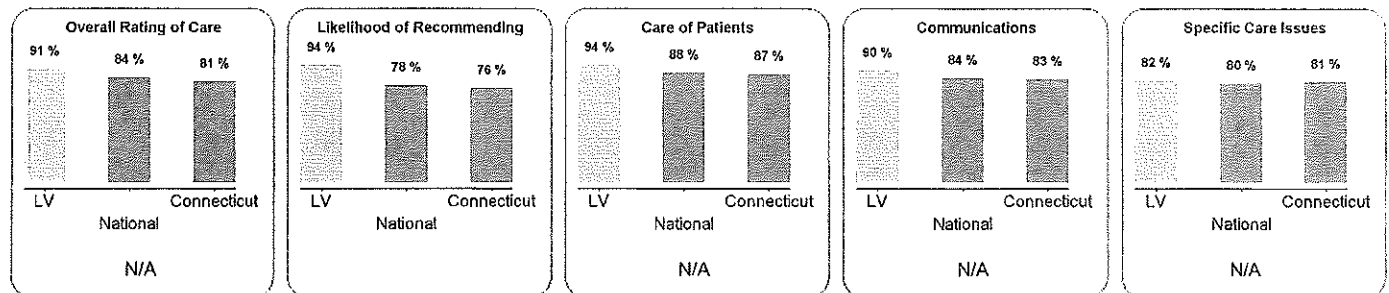
Executive Summary

Twelve month period ending May 2021 / Publicly Reported Results

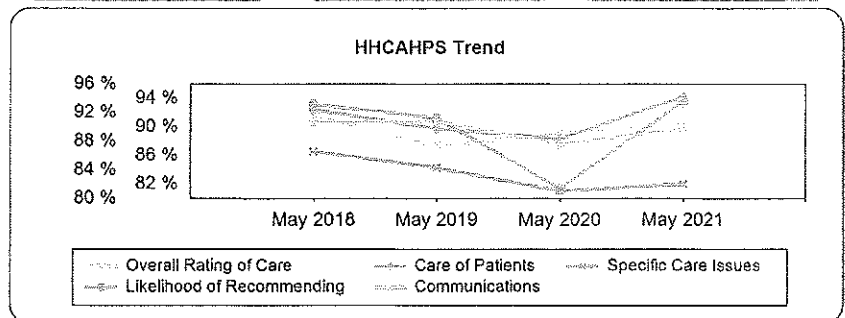
Your Star Ratings

Quality of Patient Care:	N/A
HHCAHPS Summary:	N/A

Completed Surveys = 97
 Patients Surveyed = 219
 Return Rate = 44 %



HHCAHPS Measures	Percentile Rank	
	National	Connecticut
Overall Rating of Care	80	86
Likelihood of Recommending	98	95
Care of Patients	92	91
Communications	77	86
Specific Care Issues	46	50



NOTE: Fazzi scores may differ slightly from the official CMS results and should only be used for quality improvement purposes. The source used for the Star Ratings is Home Health Compare. The Star Ratings data collection period corresponds with the HHCAHPS data collection period chosen for this report. "N/A" will be displayed if Star Ratings are not available.

LRVNA improved or remained consistently high in all categories.

**COVID QAPI
Education Focus
June 2021**

Program Data

1. Identify patients

11/25/20 – 2/27/21

15 patients total (5.07%); 1 staff member

All 15 were dx prior to admission. 5 had oxygen. 2 died, both with comorbidities in the hospital.

2. Review CRR Adverse Events (June 2020, September 2020, December 2020 and March 2021). 3 admitted to hospital; 2 died.

In each case, staff wore PPE. Educational instruction done. Newer data supplied as changes happened per CDC.

3. Needs: Nurses were instructing patients, not all family members. No T/C day of visit; day before for sx's COVID. Confusing where to get COVID tests - Staff meeting. 211 to be called.

Admission packet reviewed with new staff.

Cleaning products recommended to family per OSHA guidelines.

Documentation needed improvement. RNs not giving them credit for work done.

Vaccine Rollout – Staff vaccinated January/February timeline. All done. Assisted patients with signups. Worked with Ledge Light Health District to coordinate. Later in May, administered J&J vaccine (8 doses) to homebound residents.

Shared with PAC & staff.

FALLS
2020 – 2021**1ST Quarter** July 2020 – September 2020: 10 falls; 3 same patient

1. Fell in home → placed
2. 3 falls for same patient – impulsive
3. Out of wheelchair → outpatient therapy
4. Fell over kitten
5. Confused patient fell – couldn't remember
6. 2 bathroom slips
7. Found on floor by daughter; hospital admitted to neuro

2nd Quarter October 2020 – December 2020: 19 falls; 4 same patient, 2 same patient

1. 2 same patient - Not using walker
2. Tripped on carpet – opened up chest incision. ED – dsq/antibiotics
3. Ran into friend
4. 4 same patient - Weak patient trying to do too much alone
5. Slipped OOB
6. Slipped out of chair
7. Lost balance
8. Lost balance
9. Slid out of bed
10. Lost balance
11. Lost balance
12. Weak legs
13. Stumbled
14. Tripped on stairs
15. Tripped in BR

Cross referenced with UTI form to make sure that wasn't the cause for QAPI.

No Covid patients

3rd Quarter January 2021 – March 2021; 16 patients (No UTIs, no ED visits)

1. Fell in bedroom x 2
2. Fell OOB x 4
3. Weak, fell on stairs x 3
4. Fell off couch x 2
5. Fell out of wheelchair x 1
6. Fell off commode x 1
7. Fell out of chair x 3

4th Quarter April 2021 – June 2021; 7 patients (No UTIs, 0 hospitalizations/ED visits)

- 1 - Getting out of car
- 1 - Getting into bed
- 5 - Poor judgement

Plan:

A fall report is filed immediately, and a post-fall report is done within one week. (The purpose is to encourage an effective evaluation of circumstances and conditions related to a recent fall in efforts to identify/limit risks). The Administrative Supervisor receives all fall reports. An interdisciplinary case conference is held. A fall prevention sheet is included in each admission folder, along with educational material.

OBQI-Improvement in Oral Meds

As of January 2010, OASIS C has reformatted the oral med assessment section into six questions.

The Home Care Quality Improvement data from June 2020 – May 2021 collected from OASIS C continues to show LRVNA ranks high for patient taking their meds correctly by mouth. This is due to improved assessment tools and an increase in staff education.

Findings:

The percentage of patients who got better at taking their medications correctly (by mouth) is 81.4%. (2017-18=62.1%, 2018-19=71.9%). The State average is 69.2% and the National average is 72.1%. In addition, we are also compared to other agencies for drug review regimen, medication follow-up, medication intervention, assessing patients in high-risk groups. The decline could be related to the change in staff and education of OASIS questions.

Plan:

Med event forms are completed by the RN and given to the Administrator. Med events decreased 23.5% from last year.

Med events are discussed at monthly staff meetings, the Professional Advisory Committee meetings bi-annually and with the RNs to improve outcomes. Medication education is ongoing with yearly competency and Fazzi inservices.

Med Management 2021
Annual Evaluation of QAPI Program

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Ongoing Training

Quarterly review of CRR at staff meetings.

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Infection Control Report 2020– 2021

All staff and patient infections are tracked and trended. The staff nurses fill out an infection control report and submit it monthly. The report contains when the infection began (SOC – start of care or after), diagnosis, site of infection, date infection started, antibiotic if needed, date of resolution and whether the patient was hospitalized. If a patient had a urinary tract infection (UTI), did the patient have a Foley catheter? If the patient had a respiratory infection, was the patient on oxygen (O₂)? If the patient had a wound infection, was it a surgical wound?

72 infection reports were completed in 2020 – 21. Ongoing training is done at monthly staff meetings to review data. Interdisciplinary conferences are held as needed. No cross-contamination occurred.

There were 7 employee infections. No cross contamination occurred.

In March 2020, COVID-19 was a public health emergency.

URINARY TRACT INFECTIONS
QAPI
July 2021

Annual Evaluation

Problem: High Rate of UTIs

Goal: To decrease the number of UTIs by 10%

Program Data:

1. This QAPI program will utilize data from Casper (no longer available), iQies, HHC, Adverse Events, HHCAHPS Survey, OASIS assessments, patient complaints (if any), and LRVNA tracking form.
2. 2 indicators have been identified:
 - a. iQies: 8.56% UTI, Prior: 6.58%, National 9.84%
 - b. Adverse Events: 2 UTIs (one to hospice)
 - c. HHCAHPS: 4 out of 5 stars
3. Infection Control – monthly by RN. RN documents what patient had UTI and if antibiotic was started, side effects. Did patient have Foley? 2 patients had Foley. 24 UTIs (33 in 2020, 17 in 2019)
4. The Agency will analyze these reports, review each chart to identify areas of improvement. Improved pathways education needed.
5. The Root Cause Analysis that the Agency investigated: When RNs do SOC with patient with foley or history of UTI, incontinence, the documentation lacked what education tools were given. Did patient understand sx's of UTI? Did they know who to call if sx's?
6. The RNs will ask for aide for incontinence care. Phy T eval for decreased weakness and to increase ambulation to bathroom/commode. More aides have to intervene.
7. This RN will flag chart for high risk of UTI. The tool "Development of UTIs" will be given to each RN that has a patient identified. It will be turned over to RN at end of care.
Some RNs fill out; others do not without reminders. At close of case, Administrative Supervisor to check if UTI on OASIS.

Analysis: UTIs dropped 1.28%, but were higher than previous years. WellSky UTI education to be done yearly.

Patient Infections

There were 14 wound infections (up from 18 in 2019-20): 6 surgical wounds and 8 non-surgical wounds.

There were 8 respiratory infections (down from 10 in 2019-20): 1 respiratory infection in a patient on oxygen and 7 in patients without oxygen.

Ledyard VNA is no longer doing annual PPD testing, but instead does an annual TB screening questionnaire.

All RNs and Home Health Aides were compliant with monthly adherence to the Agency's policy of not wearing artificial nails.

All patients are asked if they have received flu/pneumonia vaccines. This is recorded in OASIS-C for Medicare.

Annual flu vaccines are available to staff and patients.

Performance Improvement Initiative July 2020 – June 2021 Initiative: Hand Washing

Objective: Assure direct care employees are washing hands according to CDC guidelines and agency policy. Goal is 100% compliance

Approach:

- a. Direct care staff will be observed by their supervisor in a patient's home at least annually with attention to hand washing at three points during the visit
 - a. Arrival at the home and departure
 - b. Going into bag
 - c. After removing gloves

Findings:

	Arrival/departure			Going into bag			After removing gloves			Comments
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
SN	5			5			5			RNs all washed hands
HHA	3			5			3			HHAs demonstrate great performance.
Therapy	4			4			4			
Total	12			12			12			

FY 2020-2021 findings: Plan of Correction: All staff is educated annually on handwashing, along with direct supervision.

CLIENT CODES FOR EMERGENCY PLAN

The emergency codes were changed to accommodate the new CMS Conditions of Participation for Emergency Preparedness. 2 drills are held each year with the Town and FEMA (A Millstone Disaster and a hurricane were this year's scenarios.)

Each client admitted to LRVNA shall be assigned an emergency planning code which identifies the level of assistance needed during interruption of services due to natural or civil disturbances.

The level of assistance should be reviewed with the client and caregivers at the time of admission and at least every 60 days when the plan of care is reviewed, or more frequently if the client's condition changes.

The code should be indicated on the patient roster sheet, data intake form and on the emergency plan. The primary care nurse or her substitute shall be responsible for providing level changes to the Clinical Supervisor within 24 hours of a change.

Use the following criteria to determine the appropriate level of services needed.

Codes

- Code I No assistance needed-capable of following emergency plan without assistance. Visit can be deferred longer than 72 hours; can miss a visit with basic care provided by family or informal support; transportation available from a caregiver. (*example: BP check, Foley catheter change, personal care only*)
- Code II Minimal assistance will be needed to execute emergency plan. Needs visit within 24- 72 hours; visit may be postponed without harm to patient; caregiver available to provide basic care; transportation available from a caregiver; may postpone visit if telephone call made. (*example: O₂ dependent with severe COPD; draining wound; patient can self-inject but may need phone support; tube feeding*)
- Code III Maximal assistance needed for evacuation. Will need emergency services assistance to execute emergency plan. Needs visit within 24 hours; patient unable to evacuate self; caregiver unable to transport patient; needs uninterrupted services; dependent on electricity; caregiver unable to provide needed care; patient may suffer adverse effect without Agency services. (*example: paralysis; unable to inject insulin; wound vac*)

Complaints

There were two complaints logged in the 2020-21 year.

1. Aide stole from patient when doing private duty for patient in SNF permanently. EPS and MD notified. Policy changed.
2. Aide late for arrival. Change in aides.