

Chubb Healthcare Assessment Tool

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The United States Census Bureau reports that the percentage of the American population aged 65 and older will increase from 13.7% in 2012 to 20.3% in 2030.¹ The aging population makes home healthcare an increasingly important segment of the patient care continuum. National spending on home healthcare has more than doubled from \$32.4 billion in 2000 to \$79.8 billion in 2013.² According to the United States Bureau of Labor Statistics, the number of home health aides and personal care aides are expected to grow by 48.5% and 48.8% respectively from 2012 to 2022.³ This rise puts the professions among the fastest growing in the nation.⁴ Ensuring the delivery of quality home healthcare can be challenging due to the spread of patient locations and the importance of timely recognition of the need to transition care.

To assist risk managers and administrative leaders in strengthening their organization's home healthcare risk management program, Chubb Healthcare has developed the following self-assessment tool to identify areas of actual and potential loss exposure.

The tool reviews several of the most relevant home health practices and procedures such as environmental safety, medication safety, use and maintenance of safety equipment, fall prevention measures, as well as the assessment of underlying health conditions, including potential violent behavior, patient independence, patient dignity, mental status, and hygiene.

Before implementing comprehensive and proactive risk reduction strategies, organizations must honestly assess their operations, uncover areas of concern and evaluate solutions. This self-assessment tool should assist in identifying areas for potential improvement and engage home healthcare professionals while bringing them into compliance with the organization's risk management program.

1. An Aging Nation: The Older Population in the United States. United States Census Bureau. May 2014.

2. Health, United States, 2014. National Center for Health Statistics. May 2015.

3. Employment Projections: 2012 - 2022. Bureau of Labor Statistics. Dec 19, 2013

4. Ibid.

Home Healthcare Assessment Tool - Provider Risks

Group Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name/Title: _____

Telephone: _____

Current Number of Physicians: _____

Medical Director: _____

Administrator: _____

Practice Manager: _____

I. Licensure, Credentialing and Accreditation	Yes	No	N/A	Comments
Is the home healthcare organization in good standing with all state licensing and/or certification boards in which it provides home care?				
Is the organization accredited by reputable organizations, such as The Joint Commission, Accreditation Commission for Health Care or Community Health Accreditation Program?				
Are all nurses, technicians, contracted and temporary personnel licensed and registered by the states in which they practice?				
Is there a consistent process for verifying the credentials of new employees and contracted personnel, including education, experience, specialty training and certifications?				
Are temporary staff members hired from certified staffing agencies only, and is proof of background checks and verification of clinical competence requested uniformly?				
Are care providers' education, training and experience aligned with their responsibilities and scope of practice at every level, from aides and technicians to registered nurses?				

Written Operating Procedures	Yes	No	N/A	Comments
Are policies on hiring, discipline, termination, and other human resources issues in place and enforced uniformly?				
Does hiring protocol comply with state requirements for obtaining criminal background information and are state driving records checked for all applicable staff?				
Does a code of conduct for staff exist and does it include clear consequences for infractions?				
Do clinical protocols and orientation training address what staff should do if a patient's condition progresses to a level of care beyond what the home care organization can safely provide?				

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Written Operating Procedures (continued)	Yes	No	N/A	Comments
Does written policy define professional boundaries and prohibit the following actions:				
• giving a patient a personal phone number?				
• visiting or calling a patient outside of work hours or providing care outside the plan of care?				
• doing housework or running errands for a patient?				
• attending social events with patients or families?				
• giving gifts, meals, or clothes to a patient?				
• starting unsolicited discussion with a patient about religious beliefs?				
• posting photos or other likenesses of staff on social media sites?				
Are wages and benefits competitive with other service organizations?				
Does the written recruitment and retention plan include mentoring of new employees?				
Does scheduling protocol include lunch breaks and sufficient travel time?				
Does written policy enforce a discrimination-free workplace where race- or sex-based work assignments are forbidden?				
Are employees randomly tested for use of illegal drugs?				
Do workers have access to an employee assistance plan or other means of counseling support?				
Staff Competencies and Training	Yes	No	N/A	Comments
Is staff competency documented in personnel files, including continuing education and training activities?				
Are there written job descriptions specifying the responsibilities and functions of all levels of personnel, and are these descriptions reviewed with staff during orientation and referred to in performance reviews?				
Does the organization provide on-going job training, including continuing education opportunities?				
Are training sessions offered in time management, planning skills, and relaxation exercises?				
Are regular staff meetings held in which problems, frustrations, and solutions are discussed in a supportive fashion?				
Does new employee and annual training include information on:				
• safety hazards and prevention?				
• how to prevent musculoskeletal disorders?				
• new and emerging safety issues?				
• fall hazards and protection?				
• medication administration and safety?				
• infection control measures and exposure to blood borne pathogens?				
• symptoms of latex allergies?				
• how to prevent and manage violent behavior, such as through verbal de-escalation techniques and management of angry patients?				
• how to recognize illegal drug activities, drug paraphernalia, and gang activity?				
• driver safety principles?				

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Recordkeeping Requirements	Yes	No	N/A	Comments
Does the home care organization create and maintain an accurate record for each patient, which minimally includes:				
• primary criteria for Medicare eligibility?				
• complete assessment and evaluation of the patient?				
• thorough review of the patient's entire functioning and health status?				
• record of all details of medical evaluations?				
• clear diagnosis?				
• rationale for why a patient needs treatment/therapy?				
• clear and appropriate treatment goals that are patient-focused, time limited, realistic, and measurable?				
• clinically significant observations?				
• patient education plan?				
Are patient care records maintained in a confidential manner in accordance with HIPAA and other applicable privacy laws and regulations?				
Is charting clear, specific and measurable, e.g., "Patient will lift therapeutic dumbbells beginning at three pound weight and increasing steadily per patient progress and tolerance"?				
Does a plan of care exist for each clinician who treats the patient, e.g., nurse, physical therapist, occupational therapist?				
Does documentation include treatment modalities, goals, and outcome measures, along with a clear delineation of how the patient will get to a higher level of health and functionality?				
Do care providers clearly denote the care that's rendered and how it relates to the patient's plan of care, e.g., how the intervention or treatment impacted the patient's overall condition and what progress has been noted?				
Are written care contracts entered into with patients to improve compliance levels and to establish expectations and mutually agreed upon goals?				
Infection Control	Yes	No	N/A	Comments
Has an infection control and prevention plan been developed?				
Has an infection control and prevention plan been developed?				
Has a pandemic influenza plan been developed?				
Is there a written protocol outlining requirements for standard universal precautions, hand hygiene and cough etiquette, use of personal protective equipment, and disinfecting of medical equipment?				
Does the organization consistently follow standard precautions with all blood and potentially infectious materials?				
Are staff members trained in the safe use and disposal of all types of sharps?				
Are puncture-resistant sharps containers properly labeled and leak-proof?				
Are needle devices with safety features routinely provided?				

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Infection Control (continued)	Yes	No	N/A	Comments
Does the bloodborne pathogens plan contain provisions for the following requirements:				
<ul style="list-style-type: none"> • promote work practices that decrease the chance of a needle stick injury, such as a ban on recapping and bending of used needles, watching for unexpected patient movement, and proper disposal of needles? 				
<ul style="list-style-type: none"> • analyze sharps-related injuries to identify hazards and injury patterns?? 				
<ul style="list-style-type: none"> • establish a system to evaluate prevention efforts and provide feedback to workers and management? 				
<ul style="list-style-type: none"> • draft procedures and systems for reporting, follow-up, and medical evaluation of all sharps injuries? 				
<ul style="list-style-type: none"> • provide a post-exposure evaluation and follow-up, including prophylaxis when appropriate? 				
Is the blood borne pathogens plan reviewed and updated annually?				
Ergonomics and Patient Handling	Yes	No	N/A	Comments
Has the organization consulted an ergonomics specialist to help identify appropriate devices and equipment for use in the home?				
Is ergonomics training provided to all care providers??				
Are sufficient patient-related ergonomic assistive devices available to care providers, e.g., slings, belts, and mechanical or electronic hoists?				
Are friction-reducing devices used to move the patient in bed, e.g., slip sheets, slide boards, rollers?				
Are care providers instructed to use proper body mechanics and avoid repeated bending, twisting, or reaching movements?				
Are providers taught to move patients with their knees bent, feet apart, and one foot in the direction of the move?				
Are patient care plans evaluated to determine whether assistive devices are appropriate?				
Does policy require care providers to promptly report any injury in the workplace?				
Safety Provisions	Yes	No	N/A	Comments
Is there an active safety program with a safety committee comprised of employees from across the organization?				
Are home care providers a part of the selection process for needle devices and associated safety features?				
Is there a written latex allergy safety program?				
Are home care providers advised to turn on the outside lights of a patient's home before returning to their car in the dark?				
Are home care providers instructed on how to contain and clean-up a chemical spill?				
Are workers taught what to do in the event of an act of terrorism?				
Are home care providers instructed to wear sturdy, low heel shoes, with slip resistant protection?				
Is there an animal-control policy requiring animals to be restrained in the home?				
Are workers taught how to deal with threatening weather, including tornados, hurricanes, earthquakes, blizzards, and floods?				
Are workers taught how to identify and reduce work-related stressors?				

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Violence Prevention	Yes	No	N/A	Comments
Has the organization defined workplace violence in a formal and written plan that addresses its occurrence and prevention?				
Is there a written protocol for reporting a violent incident and summoning police support, if necessary?				
Does a social worker evaluate the family and home situation of each patient before care commences, e.g., history of domestic violence, sexual abuse, violence/aggression with service providers, alcohol or drug abuse, weapon-related incidents?				
Are safety plans developed on high-risk home environments, i.e., buddy system, police escort?				
Is the location of a new patient researched to determine local crime statistics and whether it is in an isolated area?				
Are care providers taught what to do if they feel uncomfortable about a patient's community or if they believe that they are in danger?				
Is there a no-weapons policy for patient homes, or in the alternative, are weapons to be disabled and securely stored before care providers arrive?				
Do care providers have a fully charged cell phone or two way radio, and are schedules tracked during on-duty hours through cell phone call in/call out procedures?				
Is other personal safety equipment provided, as needed, e.g., emergency alarms, bright flashlights?				
Are visits to high-crime areas scheduled during the day and do care providers work in pairs?				
Do care providers know how to identify and react to verbal abuse?				
Does protocol outline basic safety precautions, including when to defuse a potentially violent situation, how to identify an exit path, and when to call 911 for help?				
Driver Safety	Yes	No	N/A	Comments
Has the organization verified safe driving records for all care providers?				
Are driver licenses verified annually?				
Are care providers taught safe driving skills?				
Are care providers required to report all incidents and traffic offenses?				
Does written policy require care providers to park in well-lit areas and away from structures someone could hide behind?				
Does written protocol delineate a routine safety check before getting out of a car, including the rolling-up of vehicle windows, locking doors, and placing valuables placed in the trunk?				
Are fleet cars serviced regularly?				
Does policy require a proof of insurance, current auto registration, and inspection checks for employee-owned vehicles?				
Does the home care organization carry auto liability coverage for non-owned vehicles?				
Does written policy strictly enforce wearing a seatbelt and refraining for texting or talking on a cell phone while driving?				
Are cars equipped with an accurate map or global positioning system to locate patient homes?				
Does the organization have a process for notifying patients of weather-related delays, and is a provision to that effect present in patient care contracts?				
Is there a policy for notifying care providers of hazardous driving?				

Contact Us

Chubb Healthcare
Caroline Clouser
Executive Vice President
O 201.356.5267
E Caroline.Clouser@chubb.com

Diane Doherty
Vice President
O 212.703.7120
E Diane.Doherty@chubb.com

www.chubb.com

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