



GLOSSARY

485 series	(Includes HCFA-485, home health certification and plan of treatment) includes the data elements required by the federal regulations and meets the physician's plan of care requirement. It is used for both certification and re-certification.
Abandonment	Agency unilaterally and without adequate advance notice terminates care to a client who has a continuing need for home care.
ABN (Advance Beneficiary Notice)	A written notice given by the provider before home health services are furnished when the provider believes Medicare will not pay for some or all of the care ordered. The notice must also be given before reducing or terminating service if the physician order will continue care, but the provider expects Medicare to deny payment. If the provider expects denial, they must inform the beneficiary that in the provider's opinion Medicare will not pay and that the beneficiary will be fully and personally responsible for payment.
Abuse	Intentional maltreatment of individual that may cause injury either physical or psychological.
Accountability	All information is attributable to its source
Activities Of Daily Living	Basic self-care activities, such as eating, bathing, dressing, transferring in and out of bed, and toileting. These activities are widely used to assess individual functional status.
Advance Directive	A document or documentation allowing a person to give directions about future medical care or to designate another person to make medical decisions if the individual loses decision making capacity.
Adverse Drug Event	Patient injury resulting from a medication, either because of reaction to a normal dose or because of a preventable adverse reaction to a drug resulting from an error.



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Adverse Drug Reaction	Unintended undesirable or unexpected effects of prescribed medications or of medication errors that require discontinuing a medication or modifying the dose, require initial or prolonged hospitalization, result in disability, require treatment with a prescription medication, result in cognitive deterioration or impairment, are life threatening, result in death or result in congenital anomalies
Aide	A home health aide (or homemaker-home health aide) is defined by Medicare as a person who has successfully completed (1) a state-established or an approved training program and (2) a competency evaluation program or state licensure program. A home health aide provides the hands-on personal care or services that are needed to maintain the client's health or to facilitate treatment.
AIDS	Disease process resulting from an infection with human immunodeficiency virus. A chronic, debilitating and ultimately fatal disease, resulting in severely compromised immune status.
Audit	The review of a random selection of an agency's medical records to determine whether payment of services was justified. The reviewers look at the clinical record documentation to determine if the beneficiary was entitled to the service and if the service provided complied with Medicare coverage criteria. Audits can be performed quarterly, post-payment, or at random.
Auditability	Ability to do a methodical examination and verification of all information activities such as entering an accessing
Authentication	Validation of correctness for both the information and for the person who is the author or the user of the information
Bacteria	Single cell organism, a type of infectious agent.
Beneficiary	A person (client) who is eligible to receive Medicare or Medicaid benefits or any insurance benefits.
Best Practices	Clinical scientific or professional practices that are recognized by a majority of professionals in a particular field. These practices are typically evidence based and consensus driven



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Blood	Human blood, human blood components, and products made from human blood.
Blood Borne Pathogens	Pathogenic microorganisms present in human blood and that can cause disease in humans. These include, but are not limited to the hepatitis B virus (HBV) and the human-immunodeficiency virus (HIV) and hepatitis C (non A non B virus.)
Body Substance Isolation	Isolation system that uses generic infection precautions for all clients, emphasizing the potential infectiousness of all moist body substances.
Branch Office	A location or site from which a home health agency provides services within a section of the total geographic area served by the parent agency. The branch office is part of the home health agency. It is located close enough to the agency to share administration, supervision, and services in such a manner that it is unnecessary for the branch agency to independently meet the conditions of participation as a home health agency.
Capture	Process of recording representations of human thought, perceptions, or actions, as well as device generated data or information that is gathered and/or computed about a client as part of the health care encounter
Caregiver	Anyone who provides services to a patient.
Care Planning	Individualized planning and revision of services that addresses the needs, safety and well being of the client. The plan, which formulates strategies, goals, and objectives, may include narratives, policies and procedures, protocols, practice guidelines, clinical paths, care maps or a combination of these
Case Conference	A meeting or phone conversation to coordinate, problem solve, and plan for effective home health care services. Case conferences are often multidisciplinary.



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Case Manager
(also known as care manager)

(1) A person who works for insurance company, health maintenance organization (HMO), or other payer of services, and helps identify appropriate providers and facilities throughout the continuum of services. This individual also ensures that available resources are being used in a timely and cost-effective manner to obtain optimal value for both the client and the reimbursement source. (2) The primary person (registered nurse or other health care professional) responsible for developing client care outcomes for his or her caseload. A case manager is accountable for meeting outcomes within an appropriate length of stay, the effective use of resources, and meeting pre-established standards. A case manager works with the health care team and the client to accomplish those outcomes. This person usually does not have total responsibility for coordinating the payment for the client's services (other than those directly being provided by the agency).

CDC

Center for Disease Control and Prevention.
U.S. agency that tracks the spread of diseases.

Certification

The original plan of care (HCFA Form 485) that is completed when the client is admitted to the home health agency. Physician signature is necessary to indicate certification.



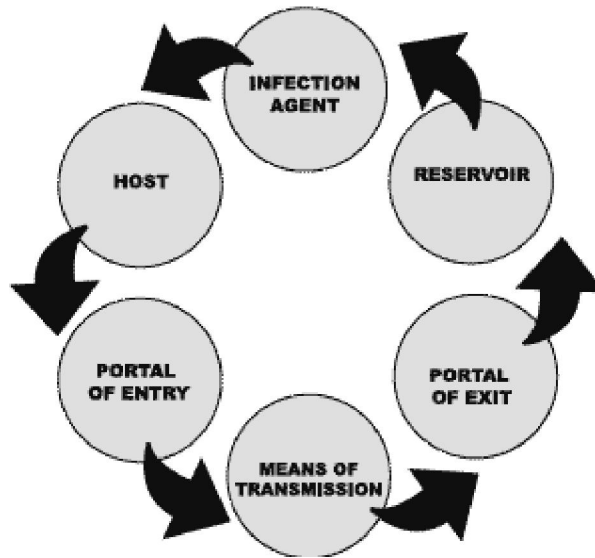
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Chain of Infection

Process by which infectious disease occurs: pathogen--reservoir--portal of exit--mode of transmission--portal of entry--susceptible host--pathogen (see diagram).

Chain Of Infection



Client	An individual, customer, consumer, or patient who receives care or services.
Clinical Note	A written notation of a contact with a client by a member of the health care team dated and signed by the team member. A clinical note describes signs and symptoms, treatments or care rendered, drugs given, patient reactions, information or teaching provided, patient comprehension, and changes in physical or emotional condition.
Clinical Record	The centralized location for documenting data and information about the individual as well as the care and services provided to the individual by the organization
Clinical Service Groups	Groups of clients in distinct, clinical populations for which data are collected. Tracer patients are selected according to clinical service groups
CMS Centers for Medicare and Medicaid Services	Health Care Financing Administration. A branch of the Department of Health and Human Services, HCFA is responsible for the administration of the Medicare program.



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Competency	Determination of individual's skills, knowledge and capability to meet defined expectations
Complaint	Verbal or written statement identifying dissatisfaction with agency/caregiver performance. The first pleading on the plaintiff's part in a civil action.
Complex Organization	An organization that provides for more than one level of health care and for more than one type of care usually in more than one type of setting. An example would be an organization that provides acute care, long term care and home care.
Compliance Audit (Medicare)	A review of a specific selection of an agency's medical records (usually 15-20 records) by the fiscal intermediary. A compliance audit determines whether payment by Medicare was justified. This is done by reviewing clinical record documentation and determining if care was completed in accordance with the HCFA-485 series (Physician Orders) and Medicare regulations.
Comprehensive Assessment	Assessment that accurately reflects client's current health status. Must identify continuing need for home care and meet client/s medical nursing, rehabilitative, social and discharge planning needs. Must incorporate the use of the current version of OASIS. Completed at the start of care, and updated at least every 60 days, after hospitalizations, at discharge/transfer and with significant changes in condition.
Conditions Of Participation (COPs)	Federal regulations that govern the Medicare home health program and provide guidelines for the management of home health agencies, agency personnel, and client care. The Conditions of Participation are the basis for surveys completed by the state health department.
Confidentiality	An individual's right within the law to personal and informational privacy, including his or her health care records
Consent	The voluntary agreement made by a competent person authorizing an agency or its representative to provide services.



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Consolidated Billing/Bundling	Under the consolidated billing requirement, it is required that the agency submit all Medicare claims for the home health services in 1861) m) of the Social Security Act while the beneficiary is under the home health plan of care established by a physician and is eligible for the home health benefit. This includes the routine and non-routine medical supplies and all services provided under the skilled plan of care.
Contaminated	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	Laundry which has been soiled with blood or other potentially infectious materials or which may contain sharps.
Contaminated Sharps	Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and the exposed ends of dental wires.
Contract	A formal agreement for care, treatment, or services with any organization, agency, or individual that specifies the service, personnel, products, or space provided by, to, or on behalf of the organization and specifies the consideration to be expended in exchange. The agreement is approved by the governing body or comparable entity.
Contracted Services	Services provided through a written agreement with another organization, agency or individual agreement that specifies the services or personnel to be provided on behalf of the applicant organization and fees to provide these services.
Coordination of Care	Process of coordination care, treatment, or services provided by a health care organization, including referral to appropriate community resources and liaison with others (such as physicians, other health care organizations, or community services involved in care or services) to meet ongoing identified needs of individuals, to ensure implementation of the plan of care and to avoid unnecessary duplication of services



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Coverage	Criteria outlined by a payer source, such as Medicare, which determines whether or not an agency will be reimbursed for services provided to clients.
Covered Services	Health care services the insurance company agrees to pay for in full or in part. Services that are not “covered services” are those that are not essential to treatment or that do not meet the payer criteria for payment.
Culture	Laboratory test involving the cultivation of microorganisms or cells in a special growth medium.
Data	Uninterpreted observations or facts
Decontamination	The use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
Deemed Status	Status conferred by Center for Medicare & Medicaid Services (CMS) on a health care provider when that provider is determined to be in compliance with relevant Medicare Conditions of Participation because it has been accredited by a voluntary organization whose standards and survey process are determined by CMS to be equivalent to those of the Medicare Program or other federal laws.
Denial	Refusal by a fiscal intermediary or third party payer to pay for a claim. A denial by Medicare is based on the grounds that the care provided was not skilled, not reasonable and necessary, not intermittent, excessive or unsafe. A technical denial is a denial by Medicare based on the grounds that the client was not homebound, did not require intermittent skilled care, or the appropriate physician’s orders were lacking.
Disaster	Natural or human made event that significantly disrupts the environment of care such as damage to building and grounds. An event that disrupts care and treatment such as loss of utilities due to floods, riots, accidents or emergencies within the organization.
Disaster Plan	See emergency management plan



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Discharge Summary	A documented report that summarizes the home health care services, treatments provided, and goals achieved for the entire period of time the client received home health care.
DME	Durable medical equipment (also referred to as home medical equipment). Includes items that are purchased or rented for the care of individuals in their homes.
Electronic Health Information	A computerized format of the health care information in paper records that is used for the same range of purposes as paper records
Element of Performance	The specific performance expectations, structures, or processes that must be in place for an organization to provide quality care, treatment and services. EPs are scored and determine organization's overall compliance with the JCAHO standard
Emergency Management Plan	Written document describing the process it would implement for managing the consequences of natural disasters or other emergencies that could disrupt the organization's ability to provide care treatment and services. Plan identifies specific procedures that describe mitigation, preparedness, response, and recovery strategies, actions, and responsibilities
Encryption	Process of transforming plain text(readable) into cipher text that is unreadable without special software key
Exposure Control Plan	A written plan designed to eliminate or minimize employee exposure to infections/infectious disease.
Exposure Incident	A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Extended Care Services	Patient care services provided as an alternative to inpatient hospitalization after an acute illness or injury. These services may be provided in a skilled nursing facility, rehabilitation facility, or sub-acute care facility.
Fiscal Intermediary	An insurance company that has been designated by CMS for the financial management of the Medicare home health benefit program, including the processing of claims.



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FMEA (failure modes and effects analysis)	See risk assessment, proactive
Goal	The desired result of an action or a series of actions an individual or organization might strive for. A goal is different from an objective in that a goal is more broad-based. Objectives are more quantifiable and specific and are derived from a goal statement.
Governing Body	Individuals, group or agency that has the ultimate authority and responsibility for establishing policy, maintaining care quality and providing for organizations management and planning.
Hazardous Materials/Waste	Materials whose handling use, and storage are guided by local, state, or federal regulations. Although Joint Commission says infectious waste falls into this category of materials, federal regulations do not define infectious or medical waste as hazardous waste
HBV	Hepatitis B virus HCFA 487 (Addendum to the Plan of Care (HCFA-485). Used when additional space is needed to complete the Plan of Care.
HCV	Hepatitis C Virus
Health Education	Training or education activities provided to clients to encourage lifestyle modifications, reduce behavioral risk factors and improve health status.
Health Maintenance Organization (HMO)	A health care provider organization that offers a comprehensive health service plan to its beneficiaries through an established network of primary care physicians, specialists, clinics, and hospitals. An HMO provides these services on a prepaid, fixed-cost basis.
HEPA	High efficiency particulate air filter. Used in the presence of tuberculosis, this filter is capable of filtering particles as small as tuberculosis droplet nuclei.



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HHA (Home Health Agency)	An organization that provides health care services to clients in their homes. These agencies may or may not be licensed by a governmental health care organization (e.g., the Department of Health), depending on state statute. Medicare-certified organizations must be determined to be in compliance with Medicare Conditions of Participation before they may admit clients and provide services for reimbursement by Medicare.
HICN	Health insurance claim number. HICN contain numeric and alpha indicators and are issued by the Social Security Administration. The HICN is the identifying number that appears on a Medicare card.
High Risk process	Process that if not planned and or implemented correctly, has the significant potential for impacting the safety of the client
HIM-11	The Medicare Home Health Agency Manual, Publication 11, of the Health Care Financing Administration (HCFA). HIM-11 contains guidelines for the Medicare program, coverage issues, services, and billing procedures.
HIPAA (Health Insurance Portability and Accountability Act of 1996)	Covered transactions are those health claims, health Claims attachment, enrolment/disenrollment in health plans, eligibility for health plan, health care payment and remittance advice, Health Plan premium payment, first report of Injury, health claim status, referral certification/authorization. Impact on health care providers to insure privacy of information and demonstrate that only authorized information is released. Compliance date April, 2003.
HIV	Human immunodeficiency virus that causes AIDS.
HME (Home Medical Equipment)	Includes items that are purchased or rented for the care of individuals on the home such as wheelchairs, hospital beds etc.
HME Services	Services that include provision of medical equipment and/or medical gases to individuals in their place of residence along with ongoing maintenance of the equipment and monitoring of use. Does not include the sale of equipment
HMO	See Health Maintenance Organization.



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Home Care Record	See Clinical record.
Home Health	A range of health care services and products provided to a client in his or her place of residence. Medicare currently reimburses skilled nursing, speech-language pathology, physical and occupational therapy, medical social work, and home health aide services that meet qualifying and coverage criteria.
Home Health Agency	See HHA.
Home Health Aide	See Aide.
Home Medical Equipment (HME)	Services that include the provision of medical equipment and/or medical gases to individuals in their place of residence, together with the ongoing maintenance of the equipment and monitoring of its use. It does not include the sale of medical equipment to clients, unless ongoing monitoring and maintenance are provided.
Hospice	Organized program that consists of services provided and coordinated by an interdisciplinary team to meet the needs of individuals who are diagnosed with terminal illnesses and have limited life expectancy. The program specializes in palliative management of symptoms and meeting the psychological and spiritual needs of individuals and family members. Medicare certified hospice programs must meet the Hospice Conditions of Participation.
ICD-9 Code	A coding methodology developed to identify specific clinical diagnoses for the purpose of data collection and reimbursement.
Immune	Able to resist an infection or disease.
Immunosuppressive	Pertains to a substance or procedure that lessens or prevents a normal immune response.
Indicator	Measure used to determine over time an organizations performance of function, processes and outcomes.
Incident Report	Written report that describes and provides documentation for any unusual problem, incident or other situation that is likely to lead to undesirable effects or that varies from established policy/procedure.



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Infection	The transmission of a pathogenic microorganism to a host, with subsequent invasion and multiplication, with or without resulting symptoms of disease
Infection Control Program	Organized system of services designed to meet the needs of the organization or the individual in relation to the surveillance, prevention, and control of infection.
Information Management	Terms applicable to information management functions
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	Independent non-profit organization dedicated to improving quality of care in organized health care settings. Engages in issues and activities concerning the advancement of health care safety and quality, including public policy initiatives, standards development, and accreditation and certification programs
Knowledge Based Information	A collection of stored facts, models and information that can be used for designing and redesigning processes and for problem solving. Found in the clinical, scientific and management literature
Licensed Practical/Vocational Nurse (LPN/LVN)	A person who is licensed as a practical nurse by the state in which he or she is practicing.
Life Safety Code (LSC)	A set of standards for the construction and operation of buildings, intended to provide a reasonable degree of safety to life during fires; prepared, published, and periodically revised by the National Fire Protection Association and adopted by the Joint Commission to evaluate health care organizations under its life safety management program.
Long Term Care	A variety of health services provided to individuals with physical or mental disabilities needing assistance. on a continuing basis. These services can be provided in a variety of settings including private homes with adequate caregivers.
LUPA	Low Utilization Payment Adjustment. Medicare episodes of care with four or fewer visits will be paid the per visit amount times the number of visits.



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Measure of Success (MOS)	A numeric or other quantifiable measure usually related to an audit that determines whether an action was effective and sustained. A MOS is due four months after Evidence of Standards Compliance approval
Medicaid	A health care assistance program administered by both the federal government through HCFA and by the states. Medicaid was established to assist those who cannot afford to pay for health care. Populations served include families with dependent children, the elderly, and the disabled. Each state has its own guidelines for Medicaid, and the program may go by a different name in some states.
Medical Asepsis	The technique used to reduce the number of surface microorganisms and help prevent or reduce their spread.
Medical Claim Reviewer	A person, generally a nurse, who is employed by the fiscal intermediary to review the documentation, submitted by an agency. The reviewer determines whether the supporting documentation meets Medicare qualifying and coverage criteria.
Medical Social Worker	An individual who (1) has a master's degree from a school of social work accredited by the Council on Social Work Education, and (2) has one year of social work experience in a health care setting.
Medicare	A federal health care coverage program for persons over 65, some disabled persons, and persons with end-stage renal disease. The Medicare program falls under Title XVIII of the 1965 Amendments of the Social Security Act. Home care services are reimbursed under Medicare Part A and Part B depending on whether the services follow an inpatient facility admission. The first 100 visits provided following a three-day hospital stay is covered by Medicare Part A. Other services are covered under Medicare Part B. If the client does not have Part B, the home care services are covered under Part A. There are no co-pays for home care services.
Medication	Any prescription medications; sample medications, herbal remedies; vitamins; nutraceuticals; over the counter drugs; vaccines, diagnostic and contrast agents used on or administered to persons to diagnose, treat, or prevent disease or other abnormal conditions.



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Microorganism	Any microscopic entity capable of sustaining living processes, such as bacteria, virus, and fungi.
Mode of Transmission	The mechanism by which the pathogen is transmitted from the reservoir to a susceptible host. There are four types of modes of transmission: contact, airborne, common vehicle transmission, and vector borne transmission.
MSS	Medical Social Services. The services provided by a medical social worker. See also medical social worker.
Mucous Membranes	Tissue that lines the eyes, nose, and mouth.
Neglect	Impaired quality of life for an individual resulting from the absence of minimal services or resources to meet basic needs.
Negligence	Failure to use the degree of care that a reasonably prudent or careful person acting under the same or similar circumstances would use. Negligence could involve commission of an act or failure to carry out an act by omission.
Non-Profit Agency	Agency exempt from federal income taxation under Section 501 of the Internal Revenue Code of 1954. A non-profit agency is formed for a purpose not involving monetary gain to its shareholders or members and pays no dividends directly or indirectly to shareholders or members.
Nosocomial Infection	An infection acquired through contact with the health care system. (Usually associated with hospitalization.)
Nursing Care Plan	A plan of action developed by a professional nurse for a specific patient/client that identifies the nursing activities to be used to respond to the client's health problems. This plan may include prescriptive plans of other disciplines.
Nutrition Assessment	Comprehensive process for defining an individual's nutrition and hydration status using medical, nutrition and medication intake histories, physical exam, anthropomorphic measurements and laboratory data.



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OASIS

Outcome and Assessment Information Set. A data set developed for home health agencies to collect data necessary to develop a reliable case mix system and to standardize information collected on home care clients. This requirement is incorporated into the Medicare Conditions of Participation and must be collected on all clients receiving *skilled Medicare or Medicaid services* in the home care agency. Exceptions include children under age 18, pre and post partum clients, and hospice.

Occupational Exposure

Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Occupational Therapist (OT)

Medicare defines an occupational therapist for home care as a person who (1) is a graduate of an occupational therapy curriculum accredited jointly by the Committee of Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association and (2) is eligible for the national registration examination of the American Occupational Therapy Association, or (3) has two years of appropriate experience as an Occupational Therapist.

Occupational Therapy Assistant (OTA)

A person who (1) meets the requirements for Assistant certification as an Occupational Therapy Assistant Established by the American Occupational Therapy Association, or (2) has two years of appropriate experience as an Occupational Therapy Assistant.

OPIM

Other potentially infectious materials. Refers to human body fluids - semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead), HIV containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.



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ORYX

Integrates outcome and other performance measurement data into the accreditation process. The goal is to provide a continuous data driven accreditation process that focuses on actual result of care. Agencies with an average annual census of more than 120 clients are selecting measures from listed performance measurement systems that meet JCAHO requirements. The number of measures an organization is required to collect and submit data on is capped at 6.

OSHA

Occupational Safety and Health Administration. The U.S. government agency that develops and enforces standards for workplace safety and health.

Outcome

Result of performance or non-performance of a function or process.

Outlier Payments

Payments made in addition to the 60-day episode payments for episodes that incur unusually large costs.

Parent Home Health Agency

The agency that develops and maintains administrative control of sub-units or branch offices.

Parenteral

Piercing mucous membranes or the skin barrier through needle sticks, human bites, cuts, and abrasions.

Partial Episode Payment (PEP)

Partial episode payment adjustment is a simplified approach to the episode definition in events where the episode payment is interrupted because (1) beneficiary elects transfer (2) discharge and readmission to the same agency that would warrant a new clock for purposes of payment, OASIS assessment and physician certification of a new plan of care. When a new episode begins the original 60-day episode payment is proportionally adjusted to reflect the length of time the beneficiary remained under agency care before the intervening event. This adjustment is the PEP adjustment.

Pathogen

A bacterium, virus, fungus, parasite, or other microorganism or substance capable of causing disease.

Payer

The organization/person responsible for paying a health care provider for the health care products and/or services provided to a client or beneficiary.



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Performance Improvement	Continuous study and adaptation of agency's functions and process to increase the probability of achieving desired outcomes and better meet the needs of individuals and other users of services.
Performance Measure	Quantitative tool (rate, ratio, index, percentage) that provides an indication of an organization's performance in relation to a specified process or outcome.
Periodic Performance Review (PPR)	An additional requirement of the accreditation process whereby an organization reviews its compliance with all applicable JCAHO standards, completes and submits to JCAHO a plan of action for any standard not in full compliance, including the identification of a measure of success (MOS), and engages in a telephone discussion with a member of the standards interpretation group staff to determine the acceptability of the plan of action. The PPR will encourage organizations to be in continuous compliance with JCAHO standards. Surveyors will see an organization's plan of action to validate that the MOS(s) were effective.
Personal Protective Equipment	Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not intended to function as protection against a hazard, therefore, are not considered to be personal protective equipment.
Physical Therapist (PT)	A Physical Therapist is defined by Medicare as a person who is licensed as a Physical Therapist by the state in which he or she is practicing and (1) has graduated from a physical therapy curriculum approved by the American Physical Therapy Association, the Committee on Allied Health Education and Accreditation of the American Medical Association, or the Council on Medical Education of the American Medical Association and the American Physical Therapy Association; (2) was admitted prior to January 1, 1966, to membership of the American Physical Therapy Association, or has graduated from a physical therapy curriculum in a four-year college or university approved by a state department of education; or (3) has two years of appropriate experience as a Physical Therapist.



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Physical Therapy Assistant	Medicare defines a physical therapy assistant as a person who (1) is licensed as a Physical Therapy Assistant (if applicable) by the state in which he or she is practicing and has graduated from a two-year college-level program approved by the American Physical Therapy Association, or (2) has two years of appropriate experience as a Physical Therapy Assistant and has achieved a satisfactory grade on a proficiency examination.
Physician	Medicare defines a physician as a doctor of medicine, osteopathy, or podiatry legally authorized to practice medicine and surgery by the state in which he or she is practicing.
Plan of Action	A plan detailing the actions that an organization will take to come into compliance with a joint commission standard. A plan of action must be completed at the element of performance (EP) level, and for some EP(s), a Measure of Success (MOS) must also be completed
Plan Of Care	Plan based on data gathered during assessment that identifies the patient care needs, lists the strategy for providing services to meet those objectives, criteria for terminating specified interventions and documents individual's progress. The Plan of Care is also referred to as the Physician plan of care and is the document used for physician orders in a Medicare certified agency.
Policies and Procedures	The formal approved description of how governance, management or clinical care processes are defined, organized and carried out by the agency.
Portal of Entry	The path by which the pathogen enters the reservoir.
Portal of Exit	The path by which the pathogen leaves the reservoir.
PPO	Preferred Provider Organization. A PPO is an insurance plan that provides comprehensive care only through contracted providers.
Primary Diagnosis	The illness or injury that identifies the client's need for skilled services or the diagnosis that represents the primary health problem requiring home care services.



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Priority Focus Areas (PFAs)	Processes, systems, or structures in a health care organization that can significantly impact the provisions of safe, high quality care and can create great risk for negative outcomes should the processes, systems, or structures not function properly. Priority Focus Areas are: Assessment and Care/Services, Communication, Credentialed and Privileged Practitioners, Equipment use, Infection Control, Information Management, Medication Management, Organ structure, Orientation and Training, Rights and Ethics, Physical Environment, Quality Improvement Expertise and activity, Client safety, Staffing
Priority Focus Process (PFP)	Process for standardizing the priorities for sampling during an organization's survey based on information collected about the organization prior to survey. The PFP helps focus the survey on areas that are critical to that organization's patient safety and quality of care processes.
PRO	Peer Review Organization. A utilization and quality control peer review organization mandated by the Omnibus Budget Reconciliation Act of 1987 to review beneficiary complaints about the quality of home health services and to review samples of early hospital readmission cases.
Progress Note	A written notation by a member of the health team, dated and signed (with the team member's title) that summarizes the facts about a specific episode of care or intervention, the client's response during a related period of time.
Proprietary Agency	An agency structured as a for-profit entity. The organization is not tax exempt and may pay stockholders dividends.
Protected Health Information	Health information that contains information such that the individual person can be identified as the subject of that information
Provider	Physician, hospital, agency or other entity that provides services or products to clients. A participating provider in the Medicare program agrees to accept payment as payment in full for covered services.
Public Agency	An agency operated by a state or local government.



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Public Health Nurse	A registered nurse who has completed (1) a baccalaureate degree program approved by the National League for Nursing for Public Health Nursing Preparation or (2) post-registered nurse study that includes content approved by the National League for Nursing for Public Health Nursing Preparation.
Quality Control	The performance of processes through which actual performance is measured and compared with goals, and the difference is acted on
Quality Improvement	Approach to the continuous study and improvement of processes of providing health care services to meet the needs of individuals and others. Synonyms include Continuous quality improvement, organization wide performance and Total Quality Management. The program targets identified areas of opportunity for improvement. The problem is identified, data collected and analyzed, interventions are based on this data, and a program for re-evaluation is followed.
Reasonable and Necessary	Criteria used by Medicare Program to determine whether services/products are reasonable and necessary to treat the specific illness or injury. These criteria are used to determine whether they are reimbursable according to accepted standards of practice.
Reassessment	Ongoing data collection that begins on initial assessment, comparing the most recent data with data collected on the previous assessment. Medicare requires a reassessment of all home care clients utilizing the OASIS data elements at least every 60 days, following hospital admissions of more than 24 hours, or other significant change in condition, and at discharge.
Re-certification	Determination by the physician that home care services are needed for an additional period of time (60 days). The decision is based on the comprehensive assessment performed by agency personnel. Clients receiving services in a Medicare Certified agency must have a signed plan of care for each subsequent 60-day episode.



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Regulated Waste

Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Regulation

The general and permanent rules formally approved and issued by the Secretary of Health and Human Services to administer the Medicare program. Regulations have the force and effect of law and are binding on all parties until amended or revoked. States have specific laws that govern the service provision as well as all other applicable federal laws. Agencies certified by Medicare and accredited by JCAHO must abide by all applicable state and federal laws.

Reservoir

The environment in which the pathogen exists and reproduces.

Restraint

Any method (chemical or physical) of restricting an individual's freedom of movement, physical activity, or normal access to the body that (1) is not a usual and customary part of a medical diagnostic or treatment procedure to which the patient or his or her legal representative have consented (2) is not indicated to treat the patient's medical condition or symptoms or (3) does not promote patient's independent functioning.

Risk Assessment (proactive)

An assessment that examines a process in detail including sequencing of events; assesses actual and potential risk, failure, or points of vulnerability; and, through a logical process, prioritizes areas for improvement based on the actual or potential client care activity.

Risk Management Activities

clinical and administrative activities that organizations undertake to identify, evaluate, and reduce the risk of injury to clients, staff and visitors and the risk of loss to the organization.



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Root Cause Analysis	Process for identifying the basic or causal factors that underlie variation in performance, including occurrence or possible occurrence of sentinel events.
Safety Management	Activities selected and implemented by the organization to assess and control the impact of environmental risk, and to improve general environmental safety.
Sensitivity	Laboratory test used in conjunction with a culture. It measures the response of microorganisms to antibiotics that have been placed on a culture plate.
Sentinel Event	Unexpected occurrence involving death or serious physical or psychological injury, or risk thereof. Serious injury specifically includes loss of life or function. Phrase “or risk thereof” includes any process variation for which a recurrence could carry chances of serious adverse outcomes.
Shared Visions – New Pathways	An initiative to progressively sharpen the focus of the accreditation process on care systems critical to the safety and quality of care
Significant Change in Condition (SCIC)	Intervening event during a 60-day episode of home health care that could trigger a change in payment level. SCIC adjustment occurs when a beneficiary experiences a significant change in condition during a 60-day episode that was not envisioned in the original plan of care. To receive a new case mix adjustment, the agency must complete an OASIS assessment and obtain physician change orders reflecting the significant change in treatment.
Skilled Nursing (SN)	Specific nursing services provided by or under the direction of a Registered Nurse. Licensed Practical/Vocational Nurses provide skilled nursing services under the direction of a registered nurse. SN is used as the abbreviation on the HCFA-485 series of forms for both registered nursing services and those provided by LPN/LVN.



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Source Individual

Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to: home care clients, trauma victims; clients of drug and alcohol treatment facilities, hospitals, hospices, and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Speech Language Pathologist

Also referred to as Speech Therapist (ST). Medicare defines the Speech Language Pathologist as a person who (1) meets the education and experience requirements for a certificate of Clinical Competence in Speech Pathology or Audiology granted by the American Speech-Language-Hearing Association or (2) meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

Staffing effectiveness

The number, competence, and skill mix of staff as related to the provision of needed services

Standard

Statement that defines performance expectations, structures, or processes that be in place for an organization to provide safe and high quality care, treatment and service

Standard Of Care

In negligence law, the degree of care and skill a reasonably prudent person should exercise. In malpractice cases of professional negligence, the degree of skill, care, and knowledge exercised by members of the same discipline.

Standard Precautions

An approach to infection control designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. Standard precautions combine the major features of Standard precautions (blood and body fluid) and body substance isolation (transmission of pathogens from moist body substances and apply to all clients receiving care regardless of diagnosis or presumed infection status. Standard precautions apply to blood, all body fluids, secretions, and excretions regardless of whether or not they contain visible blood, non-intact skin, and mucous membranes.



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Start of Care (SOC)	The date of the first Medicare-billable visit made to the client.
Statement of Conditions (SOC)	A proactive document that helps an organization to do a critical self assessment of its current level of compliance and to describe how to resolve any <i>life safety code (LSC)</i> deficiencies. Created to be a “living, ongoing” management tool that should be used in a management process that continually identifies, assesses, and resolves LSC deficiencies.
Sterile Field	A specified area, such as within a tray or a sterile towel, that which is considered free of microorganisms.
Sterilization	Process by which microorganisms, including spores, are killed.
Sterilize	The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.
Sub-Unit	A semiautonomous organization that services clients/patients in a geographic area different from that of the parent agency and independently meets the Conditions of Participation (COPs) for home health agencies.
Summary Report	A summary of the services provided, progress toward goals, changes to the plan of care during the previous 60-day period. Summary reports are sent to the physician.
Supplemental Finding	Recommendation that is not required to be addressed in an organization’s Evidence of Standards Compliance, but should be addressed by the organization internally. A supplemental finding will also be factored into an organization’s priority focus process at its next survey.
Surveyor	A professional, usually a Registered Nurse, employed by a state department, the Center for Medicare and Medicaid Services (CMS), or an accrediting body (the Joint Commission on Accreditation for Healthcare Organizations or the National League of Nursing). A surveyor’s job is to review and evaluate home health agency’s initial or ongoing compliance with Medicare Conditions Of Participation, JCAHO Standards and state regulations for the purpose of Medicare/Medicaid certification, accrediting body certification, or state licensure.



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Susceptible Host	Person lacking the ability to resist a pathogen.
System Tracer	a session during the on-site survey devoted to evaluating high-priority safety and quality of care issues on a system wide basis throughout the organization. Examples of such issues may include infection control, medication management, staffing effectiveness and the use of data
Third-Party Payer	A government or commercial entity that reimburses for health care services on behalf of the insured person.
Tracer Methodology	A process JCAHO surveyors use during the on-site survey to analyze an organization's systems, with particular attention to identified critical focus areas, by following individual clients through the organizations health care process in the sequence experienced by the clients. Depending on the setting, this process may require surveyors to visit multiple care units, departments or areas within an organization to trace the care provided to the client.
Transfer	The formal shifting of responsibility for the care of an individual from one clinical service to another or from one organization to another organization.
Transmission-Based Precautions	Precautions designed for individuals documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond standard precautions are needed. There are three types of transmission-based precautions: airborne, droplet, and contact precautions.
Tuberculosis	A chronic granulomatous infection caused by an acid-fast bacillus, <i>Mycobacterium tuberculosis</i> , generally transmitted by the inhalation or ingestion of infected droplets and usually affecting the lungs.
UB-92	A universal billing form used as a claim (bill) for reimbursement by the major third-party payers. It is usually submitted monthly for payment of services rendered and items supplied.
Urinary Tract Infection	Inflammation of any structure of the urinary tract caused by an entrance of bacteria into the urinary tract.



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Vaccine	Substance capable of producing resistance or immunity to a disease.
Virus	A type of infectious agent.
Visit	A visit is an episode of care. The visit is made for the purpose of delivering home care services to the client. The frequency of visits is determined as part of the Physician Plan of Care and the visit length is determined by client need. Reimbursement is “per visit” and is not affected by the length of visit.
Waived Testing	Tests that meet the Clinical Laboratory Improvement Amendments of 1988 (CLIA) requirements for waived tests; are cleared by the Food and Drug Administration for home use; employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible; or pose no risk of harm to the individual if the test is performed incorrectly.
Work Practice Controls	reduce the likelihood of exposure by altering the manner in which a task is performed e.g. prohibiting the recapping of needles.



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REQUIRED DOCUMENTATION FOR ALL HOME CARE SERVICES

- Official records and reports of all public or publicly recognized licensing, examining, reviewing, or planning bodies (APR1)
- Copies of correspondence with Joint Commission indicating changes in ownership, control, location, capacity, category of services offered, and any mergers or acquisitions. (APR 2)
- Copies of notices of upcoming survey (APR 8)
- Marketing materials (RI.1.10)
- Policies and procedures that address the integrity of clinical decision- making (RI.1.30)
- A written statement of the scope of care or service provided (RI.2.20)
- Consent forms for participation in research, investigational studies, or clinical trials (if applicable) (RI.2.180)
- Policy defining the mechanism for communicating to clients about their responsibilities (RI.3.10)
- Written information for clients about their responsibilities, if organizational policy requires this information to be written (RI.3.10)
- Written process for defining client eligibility (PC.1.10) (admission policy)
- Written definition of the data and information to be gathered during assessments and reassessments (PC.2.20)
- Defined time frames for initial assessment (PC2.120)
- A list of private and public community agencies that provide or arrange for assessment and care of abuse victims (Agency specific)
- Written discharge summaries, when required by law and regulation
- Written policy describing client information to be available to those involved in medication management (MM1.10)
- Data collected for priorities identified by leaders, client perception of care, and potentially high-risk processes. (PI.1.10) (satisfaction surveys, incident reports, infection logs, medication errors etc.
- Analysis and related display of performance improvement data (PI.2.10) *Policy addresses what will be done not how or results*



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- Definition of sentinel event, documentation of strategy to reduce the risk of sentinel events, and root cause analysis of identified sentinel events (PI.2.30)
Policy addresses definition and strategy
- Written definition of the responsibilities of the organization's governance; the leaders involvement in corporate policy decisions (when the organization is part of a larger corporate structure); and the organization's scope of services. (LD.1.20)
- Appropriate license, certification, or permit (LD.1.30)
- Copies of any reports provided to governance (LD.2.10)
- Written definition of responsibility for clinical and administrative direction (LD.2.20) (*organization chart and supervision*)
- Operating budget and long term capital expenditure plan as appropriate (LD.2.50) (*policy states will be done*)
- Mission, vision, and goals statement (*LD.3.10*)
- Written plan for services (*LD.3.10*)
- Written agreement for services, as appropriate (LD.3.50) *Policy for contracting services. Need actual signed contract with agency specifics*
- Policies and Procedures addressing client care (LD.3.90)
- Written emergency management plan (EC.4.10) *Policy only—plan must be identified*
- Documentation of ongoing maintenance, testing, and inspection of equipment used in client care (EC.6.130) *policy, but agency must show evidence of how this is done.*
- Documentation related to incidents that occur in the environment of care (EC.9.10) *Policy addresses safety and security measures –Need agency specifics*
- Documentation of investigations of accidents, injuries, and safety hazards (EC.9.20)
- Documentation of organization's assessment of each person's ability to carry out assigned responsibilities upon completion of orientation (HR.2.10) *Policy states what will be done—actual documentation of employee competency is required.*
- Documentation of ongoing education (HR.2.30)
- Written process addressing the privacy and confidentiality of information (IM.2.10)
- Written process addressing information security and policies and procedures addressing controls to safeguard data and information and electronic information systems (IM.2.20) *Need to have specific systems identified and followed*



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- Uniform data definitions and data capture definitions (IM.3.10)
- Client records and policy addressing the timely entry of information into the client record. (IM.6.10)
- Contents of client record (IM.6.20)
- Policies and procedures addressing surveillance activities and data. (IC.2.10)
Policies present, but agency must collect and maintain the data
- Policies and procedures addressing identification activities (IC.3.10)
- Policies and procedures addressing prevention and control activities (IC.4.10)
- Policies and procedures addressing reporting activities (IC.5.10)
- Policies addressing informed consent (RI.2.40)
- Documentation of informed consent, as required by organizational policy (RI.2.40)
- Documentation of consent when recording or filming the client is made for purposes other than for identifying, diagnosing, or treatment of the client (RI.2.50)
- Documentation of a specific separate consent when recordings or films are made for external purposes that will be seen and/or heard by the public (RI.2.50)
- Confidentiality statement signed by anyone who engages in recording or filming clients if that person is not already bound by the organizations confidentiality statement (RI.2.50)
- Policies and procedures addressing advance directives (RI.2.80)
- For blood and blood components, written identification of the source of the materials, staff who can administer, the laboratory results to be reviewed, and guidelines for physician notification (PC.9.10)
- Confirmatory testing for waived screening test (PC.16.10)
- Documentation of current competence of staff who perform waived tests (PC.16.30)
- Policies and procedures related to waived testing (pc.16.60)
- Written quality control plan, documentation of quality control, test results, and documentation of test results (PC.16.50, 16.60) *Defined as applicable to agency practice*
- Policy regarding security of medication; accurate labeling (MM.2.20)
- Appropriate labeling of medications (MM.4.30)
- Policies addressing medication administration (MM.5.10)
- Written process addressing the use of investigational medications (MM.7.40)



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- Hazardous materials and waste inventory; documentation related to hazardous materials and waste regulations (EC.3.10)



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ADDITIONAL DOCUMENTATION REQUIRED FOR MEDICARE CERTIFIED AGENCIES

- *Written information distributed to clients about the agency's policies on advance directives (RI.2.80)*
- *Documented complaints, if any, and their resolution (RI.2.120)*
- *Written information distributed to clients, including the telephone number of the home health hotline.*
- *Written information provided to clients about advance directives (RI.280) Policy identifies agency policy and procedure—not forms or actual documentation .*
- *Documentation in the client's medical record of whether the individual has executed an advance directive (RI.280)*
- *Written materials used for community education (RI.2.80)*
- *Documentation of the agency's community education efforts*
- *Appropriate administrative records for each subunit (IM.3.10)*
- *Written by-laws or acceptable equivalent (LD.1.20)*
- *Documentation authorizing a qualified person to act in the absence of the administrator (LD.2.10)*
- *Written personnel policies (LD.3.40)*
- *Clinical records or minutes of case conferences (PC.5.60)*
- *Written summary reports sent to each client's physician at least every 60 days (PC.5.50)*
- *Meeting minutes for the group of professional personnel (LD.3.80)*
- *Documentation of training for home health aides (HR.3.10)*
- *Written client care instructions for the home health aide (PC.4.10)*
- *Written client consent for releasing information not authorized by law (IM.2.10)*
- *Written policies requiring an overall evaluation of the agency's total program at least once a year (LD.1.20)*



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PERIODIC PERFORMANCE REVIEW (PPE)

PPR is a process to support continuous standards compliance while providing education. The process facilitates a more continuous accreditation process by asking agencies to formally evaluate their compliance with standards at the midpoint in the accreditation cycle and develop a plan of action for correction

The tool exists in an electronic format at Joint Commission's extranet and accredited organizations will have access to conduct the review at the 15th to 18th month of their 3-year accreditation cycle.

The organization's accreditation decision will not be affected by the results of the review, but failure to complete a Performance review could affect the decision.

At the time of survey visit, surveyors will validate that the plan of action has been implemented as described by the organization. The surveyors will have access to the measures of success identified by the organization to determine compliance. Insufficient progress on plans of action at this point could result in recommendations from the Joint Commission.

Organizations have three months to complete their performance review. If the review is not submitted within 30 days of its due date, the accreditation status is changed to provisional accreditation. Continuing failure to complete these processes will result in Conditional Accreditation and ultimately, in Denial of Accreditation.

Plans of Action

The plan provides a detailed description of how the organization plans to bring into compliance any standards that are identified as "non-compliant". The Plan of Action includes the actions to be taken and target dates. The organization will identify "Measures of Success" MOS where indicated to establish a means for assessing implementation of the Plan of Action.



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PPR Time Line

Step 1: The Joint Commission sends access information and instructions for the PPR tool to the organization at the 15-month point of the accreditation cycle along with output related to priority focus areas (PFAs) and clinical/service groups (CSGs) from the PFP

Step 2: The organization evaluates its level of compliance with all Elements of Performance (EP) for that organization

Step 3: The organization completes the PPR via the extranet. The electronic PPR will calculate compliance at the standard level based on the scores you assign to the applicable EPs.

Step 4: The organization writes plans of action for those standards identified as “not compliant”. The organization has 3 months to complete the review and to develop plans of action and measures of success, as applicable. Some standards may require that an MOS be included in the plan.

Step 5: Organization submits via the extranet the completed PPR and plans of action to the Joint Commission by the 18 month point of the organization’s accreditation cycle.

Step 6: JCAHO staff schedules and conducts a phone interview with organizations that have plans of action to discuss their PPR. If the PPR is completed the organization’s accreditation status is not affected.

Step 7: At the on-site survey, the surveyor validates the implementation of plans of action through a review of MOS information and through observation.

Measure of Success (MOS)

A measure of success is a numerical or quantifiable measure, usually related to an audit that determines if the action was effective and sustained.



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Priority Focus Process (PFP)

The PFP converts pre survey data into information that focuses the survey activities, increases consistency in the accreditation process and customizes the process to make it specific to the organization. Surveyors will receive enhanced information and insight about an organization before the on site survey.

PFP uses computerized logic to change data into relevant information. The process integrates various data from:

1. Previous survey findings or recommendations
2. Sentinel event data
3. Complaints submitted to JCAHO about the organization
4. Data submitted by the healthcare organization in the application
5. External data such as Home Health Compare data
 - a. Two weeks before the survey, the surveyor assigned to the organization will have access to the PFP information via the surveyor extranet.
 - b. Surveyors review the information for organization specific Priority Focus Areas (PFA) as well as organization specific Clinical/Service Groups (CSG)
 - c. Based on this information surveyors begin to focus survey activities
 - d. During the on-site survey, the surveyors will use the organizations active patient list to select tracer patients

Priority Focus Areas (PFA)

These areas are processes, systems, and structures in health care organization that significantly impact safety and/or quality of care, treatment, and services. These were categorized into 14 PFAs.

The Priority Focus areas provide a consistent yet customized approach to providing an initial focus for the on-site survey process, and may assist the organization at the time of its Periodic Performance Review (PPR). The areas include:

- Assessment and Care/Services
- Communication
- Credentialed practitioners
- Equipment Use



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- Infection Control
- Information Management
- Medication Management
- Organization Structure
- Orientation and Training
- Rights and Ethics
- Physical Environment
- Quality Improvement Expertise and activity
- Resident Safety
- Staffing

PFAs guide the surveyor throughout the survey, specifically the tracer portion. Much of the survey will focus on reviewing systems issues in the form or tracer methodology. The Clinical Service groups affect the tracer activities more than the PFA.

Clinical/Service Groups (CSG)

CSGs are categories of patients or services of an organization. Surveyors use these groups with other data to get a better understanding of the systems and the patients being served.

The Clinical Service Groups for Home Health are:

- Home Health Services
- Home personal care/support services
- Patients having acute care hospitalizations
- Patients having confusion difficulties
- Patients having emergent care
- Patients having pain interfering with activity
- Patients needing ambulation improvement
- Patients needing bathing assistance
- Patients needing oral medication management



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- Patients needing toileting assistance
- Patients needing transferring assistance
- Patients needing upper body dressing assistance

Tracer Methodology:

This is an evaluation method conducted during an on-site survey that is designed to “trace” the care experiences that a patient had during an episode of care. The surveyor will follow specific patients through the organization’s processes. The process will examine the individual components of a system and also how the components interact with each other.

The number of tracers will depend on how long the survey is and how large the organization is. Individual tracer activity is expected to fill 50-60% of the survey time



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JCAHO 2005 National Patient Safety Goals (NPSG)

GOAL #	ACTION
<p>1. Improve the accuracy of patient identification</p> <p>Use at least 2 patient identifiers whenever administering medications or blood products; taking blood samples and other specimens for clinical testing; or providing other treatments or procedures.</p> <p>Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a “time out” to confirm the correct patient, procedure and site, using active – not passive – communication techniques.</p>	<p>1a) Joint Policy written to address this issue. Two patient identifiers: Patient Name and Date of Birth. (You should know that these are the identifiers chosen.)</p> <p>1b) Verify correct patient and order for any procedures performed in the home. Have patient/cg state understanding of procedure. Document patient response to treatment and understanding of procedure, i.e., “patient expresses adequate understanding of procedure and tolerated well”.</p> <p>1c) PI Monitoring</p>
<p>2. Improve the effectiveness of communication among caregivers.</p> <p>For verbal or telephone orders or telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result “read-back” the complete order or test result.</p> <p>Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.</p> <p>Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.</p>	<p>2a) Joint policy to address verbal orders process. Implemented a process to requiring staff to write the order, repeat to prescriber, and document in clinical record “verbal order or critical test results was repeated to prescriber for verification/confirmation.” May use “R&V” to denote order or critical test result verified. Documentation will be done under the ‘Coordination tab’, ‘contact with physician office.’</p> <p>2b) SJH approved list of problematic abbreviations that are not to be used. Letters sent to all physicians on staff. To obtain approval for “Unapproved” abbreviation list— Medical Record Committee. List of unapproved and approved abbreviations provided to home health care services staff. HHCS commonly used abbreviations submitted to Medical Records committee for approval.</p> <p>2c) PI monitoring to ensure compliance</p>



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<p>3. Improve the safety of using high alert medications</p> <p>Remove concentrated electrolytes (including but not limited to potassium chloride, potassium phosphate, sodium chloride, greater than 0.9%) from patient care units.</p> <p>Standardize and limit the number of drug concentrations available in the organization.</p>	<p>3a) No concentrated electrolytes provided to home service patients.</p> <p>3b) Standard concentrations encouraged such as 20meq K or D5W.</p>
<p>4. Improve the safety of using infusion pumps.</p> <p>Ensure free flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization.</p>	<p>4a) Only pumps with free flow protection to be sent to homes. Pharmacy is presently working on this area for compliance.</p>
<p>5. Reduce the risk of health care-associated infections</p> <p>Comply with current Centers for Disease Control (CDC) hand hygiene guidelines.</p> <p>Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.</p>	
<p>6. Accurately and completely reconcile medications across the continuum of care.</p> <p>Have a process for obtaining and documenting a complete list of the patient's current medications upon the patient's entry to the organization and with the involvement of the patient.</p> <p>A complete list of the patient's</p>	



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<p>medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.</p>	
<p>7. Reduce the risk of patient harm resulting from falls.</p> <p>Assess and periodically reassess each patient's risk for falling, including the potential risk associated with the patient's medication regimen, and take action to address any identified risks.</p>	



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High-Alert Medications

High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. The following list of 30 drugs and drug categories represent the medications that require special safeguards to reduce the risk of errors. This list was compiled by the Institute for Medical Practices and was based on error reports submitted to the Medication Errors Reporting Program and reports of errors in the literature as well as surveys of practitioners.

Class/Category of Medications

- adrenergic agonists, IV (e.g., epinephrine)
- adrenergic antagonists, IV (e.g., propranolol)
- anesthetic agents, general, inhaled and IV (e.g., propofol)
- cardioplegic solutions
- chemotherapeutic agents, parenteral and oral
- dextrose, hypertonic, 20% or greater
- dialysis solutions, peritoneal and hemodialysis
- epidural or intrathecal medications
- glycoprotein IIb/IIIa inhibitors (e.g., eptifibatide)
- hypoglycemics, oral
- inotropic medications, IV (e.g., digoxin, milrinone)
- liposomal forms of drugs (e.g., liposomal amphotericin B)
- moderate sedation agents, IV (e.g., midazolam)
- moderate sedation agents, oral, for children (e.g., chloral hydrate)
- narcotics/opiates, IV and oral (including liquid concentrates, immediate- and sustained- release)
- neuromuscular blocking agents (e.g., succinylcholine)
- radiocontrast agents, IV
- thrombolytics/fibrinolytics, IV (e.g., tenecteplase)
- total parenteral nutrition solutions



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Specific Medications

- IV amiodarone
- colchicine injection
- heparin, low molecular weight, injection
- heparin, unfractionated, IV
- insulin, subcutaneous and IV
- IV lidocaine
- magnesium sulfate injection
- methotrexate, oral, non-oncologic use
- nesiritide
- nitroprusside, sodium, for injection
- potassium chloride for injection concentrate
- potassium phosphates injection
- sodium chloride injection, hypertonic, more than 0.9% concentration
- warfarin



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Agency: (Name) _____

Date: _____

TYPE OF EVENT	SEVERITY CLASSIFICATION - LOW, MODERATE, HIGH				RANK
	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	OPERATIONAL IMPACT	
	<i>Likelihood this will occur within 1 year</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	<i>SOP Required Yes or No? (If yes, for sample SOP, see section 7.2.1)</i>
Drought/ Dust Storm					
Earthquake					
Fire Response					
Flood					
Hurricane					
Thunderstorm/ Lightening					
Tornado					
Tsunami					
Volcanic Eruption					
Winter Storm					

Name and title of person completing HVA _____

Chairman: Emergency Planning Coordinator Approved
 Disapproved

Comments: _____



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Agency: (Name) _____

Date: _____

TYPE OF EVENT	SEVERITY CLASSIFICATION - LOW, MODERATE, HIGH				RANK
	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	OPERATIONAL IMPACT	
	<i>Likelihood this will occur within 1 year</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	<i>SOP Required Yes or No? (If yes, for sample SOP, see section 7.2.1)</i>
Bomb Threat					
Civil Disturbance					
Cyber Attack					
Hostage/Barricade Situation					
Terrorist Event					
Violence in the Workplace					

Name and title of person completing HVA _____

Chairman: Emergency Planning Coordinator

Approved

Disapproved

Comments: _____

* For hazardous material events, go to HVA "Hazardous Material Event"



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Agency: (Name) _____

Date: _____

TYPE OF EVENT	SEVERITY CLASSIFICATION - LOW, MODERATE, HIGH				RANK
	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	OPERATIONAL IMPACT	
	<i>Likelihood this will occur within 1 year</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	SCORE 2 OR HIGHER IN ANY CATEGORY REQUIRES SOP
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	SOP Required Yes or No? (If yes, for sample SOP, see section 7.2.1)
Biologic Event (External)					
Biologic Event (Internal)					
Chemical Event (External)					
Chemical Event (Internal)					
Explosion					
Radiation Event					

Name and title of person completing HVA _____

Chairman: Emergency Planning Coordinator

Approved

Disapproved

Comments: _____



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Name of Agency
 ENVIRONMENT OF CARE INDICATORS

(date)	Benchmark/Goal	Total	Jan	Feb	Mar	Apr	May9	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Total
PERFORMANCE MEASURE															
1. SAFETY MANAGEMENT															
EMPLOYEE HEALTH															
Total Employee Incidents															
OSHA Reportable Incidents															
Lost Time Accidents															
Lost Time Days															
Restricted Days															
RISK MANAGEMENT															
Department Inspection Conducted															
Fire Code Violations															
Safety Violations															
INFECTION CONTROL															
Total Blood/Body Fluid Exposure															
(*Quarterly Totals)															
EDUCATION															
Mandatory Tests Completed															
(*through 1st 6 months)															
PERF IMPROVEMENT INDICATORS															
Sprain/Strain Incidents (Safety Mgt)															
Unlocked Doors Reported (Sec Mgt)															
Improperly Bagged Linen (Haz Mat)															
Improper Sharps Disposal (Haz Mat)															
Improper Use of Tube System (Haz Mat)															
Fire Drill Reports Returned % (Life Safety)															
Disaster Plan Test Score Average (Dis Prep)															
Sewer Stopages (Util Mgt)															
Could Not Duplicat Problem (Eq Mgt)															
IV Pump Batteries Not Charged															
(* = Not Recorded)															



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Name of Agency
 ENVIRONMENT OF CARE INDICATORS

PERFORMANCE MEASURE																				
2. SAFETY MANAGEMENT																				
Total Incidents																				
Total Theft Loss \$																				
Total Property \$ Recovered																				
Man-Hours Spent on Incidents																				
3. EMERGENCY PREPAREDNESS																				
Internal Drills Conducted																				
External Drills Conducted																				
Actual Activations																				
ILSM Inspections Conducted																				
4. LIFE SAFETY MANAGEMENT																				
Fire Drills ???																				
Fire Drills ???																				
Fire Drills ???																				
Fire Drills ???																				
Actual Alarms ????																				
Actual Alarms ????																				
Actual Alarms ????																				
Actual Alarms ????																				
Alarm System Tested Monthly																				
Sprinkler System Inspected Weekly																				
Insurance Company Inspection																				
Fire Marshal Inspections																				
5. HAZMAT PROGRAM																				
Hazmat Spills Reported																				
Departmental MSDS Inspections																				



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Name of Agency
 ENVIRONMENT OF CARE INDICATORS

PERFORMANCE MEASURE																		
6. EQUIPMENT MANAGEMENT																		
PM Completion Rate-Biomed																		
PM Completion Rate-Radiology																		
Problems Found During PM																		
SMDA																		
7. UTILITIES MANAGEMENT																		
Generator Testing Completed--????																		
Generator Testing Completed--????																		
Generator Tests Passed Per NFPA--????																		
Generator Tests Passed Per NFPA--????																		
Critical Utility Failures																		



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EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	HIGH	MED	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUP-TION	MOD DISRUP-TION	LOW DISRUP-TION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
NATURAL EVENTS													
Hurricane													
Tornado													
Severe Thunderstorm													
Snow Fall													
Blizzard													
Ice Storm													
Earthquake													
Tidal Wave													
Temperature Extremes													
Drought													
Flood, External													
Wild Fire													
Landslide													
Volcano													
Epidemic													



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EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	HIGH	MED	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUP-TION	MOD DISRUP-TION	LOW DISRUP-TION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
HUMAN EVENTS													
Mass Casualty Incident (trauma)													
Mass Casualty Incident (medical)													
Mass Casualty Incident (hazmat)													
Hazmat Exposure External													
Terrorism, Chemical													
Terrorism, Biological													
Infant Abduction													
Hostage Situation													
Civil Disturbance													
Labor Action													
Bomb Threat													



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EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	HIGH	MED	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUP-TION	MOD DISRUP-TION	LOW DISRUP-TION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
TECHNOLOGICAL EVENTS													
Electrical Failure													
Generator Failure													
Transportation Failure													
Fuel Shortage													
Natural Gas Failure													
Water Failure													
Sewer Failure													
Steam Failure													
Fire Alarm Failure													
Communications Failure													
Medical Gas Failure													
Information System Failure													
Fire, Internal													
Flood, Internal													
Hazmat Exposure, Internal													
Unavailability of Supplies													
Structural Damage													



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Internet Resources

Briggs Corporation
www.BriggsCorp.com

Mefford, Knutson & Associates, Inc.
www.meffordknutson.com

Community Health Accreditation Program
www.chapinc.org

Joint Commission on Accreditation of Healthcare Organizations
www.jcaho.org

Office of Inspector General (OIG), Department of Health and Human Services
www.dhhs.gov/progorg/oig/

National Association for Home Care (NAHC)
www.nahc.org

Health Care Financing Administration (HCFA)
www.hcfa.gov

HCFA's OASIS Home Page
www.hcfa.gov/medicare/hsqb/oasis/oasishmp.htm

HCFA Program Manuals
www.hcfa.gov/pubforms/transmit/pmemos.htm

HCFA Transmittals
www.hcfa.gov/pubforms/transmit/transmit.htm

CLIA Waived Test List
www.phppo.cdc.gov/als/clia/waived.htm



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LISTSERVS

Home Health Online

Listserv@iex.net

(Enter "subscribe homehlth <your name>" in message box)

Homeaccred Online

Majordomo@userhome.com

(Enter "subscribe homeaccred-digest <your name>" in the message box)



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Dumat, Andrea L., *Medicare Claims Management for Home Health Agencies*, Aspen Publications, 2000

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DISK INSTRUCTIONS

The *Home Health Care Agency Operational Manual* has been provided to you on disk for use as a tool in customizing and updating the information to meet the needs of your individual program.

These instructions only address installing the information on the diskette onto your computer. If you need additional information about how to insert, delete or search/replace information, please consult the user's manual, which accompanied your word processing software. This manual was originally created in Microsoft® Word XP using Times New Roman as the font. * Most computers with Windows® installed have this font. Since everyone's computer may read converted data differently, you may notice some changes in spacing, character formats, and, in some cases where page breaks fall.

* Please Note: If your word processing software package does not contain this font, your system may automatically select a different font or ask you to select a font. For more information on your particular system's pre-installed fonts, please consult the user's manual, which accompanied your word processing software.

To save the information:

1. Insert the CD into your CD-ROM drive.
2. Go to "My Computer."
3. Select the CD drive (typically the D: drive).
4. Double click on "Operational2004" folder to open the folder.
5. Save the folder to your computer.

To access the information after installation:

1. Open Microsoft® Word.
2. Select, "File."
3. Select, "Open."
4. Double click on, "Operational2004" folder.
5. Choose the file corresponding to the section of the manual you wish to access.



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File Name	Section(s) of the Manual
Introduction	Introduction, Table of Contents, Crosswalk
Section A	Section A
Section B	Section B
Section C	Section C
Section D	Section D
Appendices	Glossary, Resources and References, Disk instructions.

NOTE: We have attempted to make these instructions as simple as possible. However, we understand that some computer systems may vary in the steps taken to create a directory, open a file from diskette, or copy files. If your system differs from these instructions, please retrieve and use the files according to your computer system's specifications.

NAVIGATION INSTRUCTIONS

Hyper links are tools that facilitate navigation within a document. The user is able to go directly to a location within the document without manually scrolling through the pages. Hypertext links are located within this document. While the user always has the ability to navigate the document with the scroll bar, these tools allow easier movement within the document.

Hypertext Links

6. Locate the "Table of Contents."
7. All items that are "linked" to another part of the document appear in color on the computer screen.
8. Locate the section of the document that you want to find and click on the text that appears in color. This will take you to that section of the document.