POLICY AND PROCEDURE MANUAL

[AGENCY NAME]

Version 1.0

[Month, Year]

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[Agency Name]
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TABLE OF CONTENTS

Document Classification: Confidential_ **[AGENCY NAME]**

INTRODUCTION

[AGENCY NAME] is a privately-owned organization with a focused effort on serving individuals under Home Nursing Care. [AGENCY NAME] primary focus is to provide superior care to members of our senior community. We strive to deliver the highest quality of care to the clients.

At [AGENCY NAME], we understand that making the best decisions for an aging or ill family member is priority. We assist client by creating a plan of care specific to them. While matching one of our compassionate nursing caregivers to ensure satisfaction.

MISSION STATEMENT

We strive to develop lifelong relationships while providing quality compassionate care to our patients. Providing [AGENCY NAME] in the comfort of one's home.

VISION STATEMENT

To provide individualized compassionate care. Develop trusting relationships with a goal of improving the safety and independence of a patient in their home.

OUR VALUES

- ❖ **Trust**-treating our patients with honesty and integrity.
- ❖ **Compassion**- treating our patients with sympathy and empathy.
- ❖ **Respect**- treating our patients with respect and show that we value one another.
- ❖ **Excellence**- empower our patients to improve their health and continually strive to improve our services for positive outcomes.

STATEMENT OF PURPOSE

The purpose of this policy is to define organization-wide processes and activities that maximize the coordination of quality home services to clients at [AGENCY NAME]. The goal of this plan is to coordinate resident care in a manner that is seamless from the resident's perspective. This

policy shall be made available for review, upon request, to clients and their designated representatives and shall be readily available for staff use at all times within [AGENCY NAME].

STATEMENT OF POLICY

[AGENCY NAME] prohibits discrimination in all its activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, gender identity, genetic information, and any political beliefs

[AGENCY NAME] is consistent with the:
• Needs of our residents and the community we serve;
• Mission, goals and strategic objectives;
• Policies and procedures;
• Medical Staff Bylaws;

We strongly adhere to compliance requirements stated by Illinois Law, Department of Health and follow the best practices implemented in terms of policies and procedures within [AGENCY NAME].

DOCUMENT CONTROL & APPROVALS

Document Revisions shall be recorded in the table below;

Ver. No.	Rev. No.	Page No.	Description of Amendment	Approved By	Date

Document review and approvals shall be recorded in the table below;

Description	Title	Signature	Date
Prepared By			
Reviewed By			
Approved By			

Note: All policies and procedures shall be reviewed at least annually, with recommended changes submitted to the governing body for approval, as necessary.

ANNUAL QUALITY IMPROVEMENT POLICY

- [AGENCY NAME] shall implement an ongoing, comprehensive, integrated, self-assessment program of the quality and appropriateness of care or services provided, including services provided under contract or agreement. The findings shall be used to correct identified problems and revise policies and practices, as necessary. Exclusive concentration on administrative or cost-of-care issues does not fulfill this requirement.

- The following data shall be evaluated to identify unacceptable or unexpected trends or occurrences:

  o Staffing patterns and performance to assure adequacy and appropriateness of services delivered;

  o Supervision appropriate to the level of service;

  o On-call responses;

  o Client records for appropriateness of services provided;

  o Client satisfaction;

  o Complaint resolution;

  o Infections;

  o Staff concerns regarding client care; and

  o Provision of services appropriate to the clients' needs.

- A quality improvement committee responsible for the oversight and supervision of the program, shall consist of:

  o The director of skilled services or organization's register nurse as appropriate for the type of services provided;

  o A member of the administrative staff;

  o Representatives from each of the services provided by the organization, including contracted services; and

- An individual with demonstrated ability to represent the rights and concerns of clients. The individual may be a member of the organization's staff, a client, or a client's family member.

- In selecting members of this committee, consideration shall be given to a candidate's abilities and sensitivity to issues relating to quality of care and services provided to clients.

- Measures shall be implemented to resolve important problems or concerns that have been identified. Health care practitioners, as applicable, and administrative staff shall participate in the resolution of the problems or concerns that are identified.

- Results of the quality improvement program shall be reported annually to the governing body and the administrator and available in the organization. The report shall be acted upon by the governing body and the organization. All corrective actions shall be documented.

- This objective of quality improvement shall be to:
    a) improve the [AGENCY NAME]'s home care program; and,
    b) ensure that the objectives of the Home Care Program are being met.

Guidelines:

- The development of a quality improvement program should be done through the Quality Improvement Coordinator. [AGENCY NAME] management, professional and other staff, may determine the overall plan for the quality improvement program. The goals of each home care service's quality improvement program should be consistent with the overall goals of the program.

- Within the quality improvement program there should be a:

    a) system to evaluate human and financial resources;
    b) system to identify actual and potential problems;
    c) mechanism for assessment and investigation of problems;
    d) process to monitor activities to ensure that the desired results have been achieved and are sustained;
    e) system for documenting the effectiveness of the plan in improving client care; and,
    f) process to measure outcomes of the home care service as they relate to the philosophy, mission and goals of the [AGENCY NAME].

- Quality improvement activities should:

  a) manage human resources;

  b) manage risk and incident reporting;

  c) review program utilization;

  d) review processes; and,

  e) educate staff and volunteers in quality improvement.

- The effectiveness of the home care quality improvement program should be reviewed on an annual basis. The review should identify components of the program that should be expanded, altered or deleted.

- The quality improvement program evaluation should ensure that it is ongoing, comprehensive and effective in improving client care as well as being cost-effective and program-efficient.

BUSINESS CONTINUITY POLICY

A Business Continuity Plan (BCP) at [AGENCY NAME] refers to an all-hazards plan that addresses the full spectrum and scale of threats from natural, man-made, and technological sources and the procedures required to respond to, recover from, restore and resume activities to a predefined level of service during and following the incident. Business continuity for [AGENCY NAME] serves to minimize the impact of disruptive incidents on the continuity of healthcare services and patient safety while trying to maintain seamless, uninterrupted operations, as well as meet regulatory compliance.

This guide provides [AGENCY NAME] with guidance and assistance for their readiness to:

- Maintain the continuity of care needed.
- Assure patient safety and care accessibility.
- Formulate thorough, standardized business continuity with considerations for the essential processes, personnel, and resources, including external partners, needed to navigate an event—offering service, overseeing testing, and follow-up for all plans.
- Define the areas of vulnerability in business operations.
- Reduce the time required and the process for critical decision-making for all healthcare professionals during a disruptive incident.
- Expedite restoration of standard services.

Operational Planning and Control

Effective operational planning and control prior to, during and post a disruptive incident are at the heart of business continuity management. Activation of BCP is determined by the scope and magnitude of the incident and the impact on the organization. [AGENCY NAME]'s functionality and operations must be met with flexibility, coordination, and focus on core priorities to:

- Ensure the health, safety, security and well-being of personnel, patients, visitors, and volunteers.
- Maintain the continuity of critical processes and mission-essential services as a measure to preserve life and minimize morbidity and mortality.
- Staff may be reassigned to other duties as necessary during an incident.
- Protect resources and it may be necessary to share resources with other hospitals, health care partners, and response agencies.
- An organization will maintain communications, collaboration, and cooperation with community partners.

Business Impact Analysis (BIA) and Risk Assessment

Achieving agreement and understanding of priorities and requirements for business continuity is reached through by followings at [AGENCY NAME]:

- Business Impact Analysis (BIA), which allows the organization to prioritize for the continuation of the activities that support its services.
- Risk assessment fosters an understanding of the risks to prioritized activities and their dependencies and the potential consequences of a disruptive incident.
- BIA and risk assessment enable organizations to select appropriate business continuity strategies

Business Continuity Strategy

The identification and evaluation of a variety of business continuity strategy options enable the [AGENCY NAME] to:

- Choose the appropriate ways of preventing disruption of its prioritized activities and deal with any disruptions that take place.
- Provide for the continuation of activities at an acceptable level of operation and timeframes.
- Demonstrate a commitment and leadership in implementing business continuity policy and objectives.

CARING FOR CULTURALLY DIVERSE CLIENTS POLICY

Cultural Diversity

Cultural diversity refers to the distinguishing features of a person's background which could include but is not limited to:

- Country of origin
- Languages spoken at home
- Family ties
- Cultural and religious background
- Self-identification

Reporting requirements

The [AGENCY NAME] shall develop appropriate performance indicators to measure the implementation of operational planning processes and strategies which incorporate the Policy and adhere to the Cultural Responsiveness within [AGENCY NAME].

Cultural information

Cultural information on various ethnic communities, cultural beliefs, interfaith issues and the impact of culture on health care is provided through face –to-face training, posters, and via monthly cultural news.

Data collection

Patient data is collected in accordance with state requirements of Illinois to identify country of birth, preferred language spoken and interpreter requirements and is recorded on initial patient registration. The patient data is incorporated into annual language service reports on the number and nature of interpreter requests, cultural diversity training, annual reports (e.g. Quality of Care report) and used to inform the authorities of language trends and demographic changes in the patient population.

Language Services

The Language Services will be promoted to all staff to assist in understanding issues of interpreter provision to background patients and carers and support training in how to work with interpreters.

CLIENT ADMISSION AND DISCHARGE POLICY

Admission Criteria

[AGENCY NAME] who admits a client into services must maintain written policies, procedures and criteria for accepting members referred by the care coordinator/ Veterans Administration care coordinator or Private Pay Client's Rep.

The client must meet eligibility criteria, which is based on the level of care (LOC). Eligibility includes elderly and/or functional impairment caused by physical limitations, unmet need for care, and approval of care by the RN. Eligible persons are those who: have been determined Medicaid eligible or potentially Medicaid eligible, have been assessed appropriate the care coordinator, are certified for the level of care appropriate for placement in an intermediate care facility, and are in need of services which can be provided at less cost than the Medicaid cost of nursing facility care.

- When the resident has limitations, which make it difficult to perform normal daily living activities and live independently
- Qualify for the level of care provided by a nursing home
- Have health needs that can be met in the community with services offered by the program and established individual cost guidelines. The individual cast is estimated based on projected care plan

Note: Residents on a property shall be limited to a maximum of 7-8 residents and a maximum of 2-4 staff/per day shall be within the property. License/Registered nurse shall be on site during all times.

Admission can be granted as long as health and safety needs can be met by [AGENCY NAME]. The criteria for clients admitted to service may not discriminate or permit discrimination against any person or group of persons on the grounds of age, race, sex, color, religion, national origin, or handicap, in accordance with the Civil Rights Acts.

*This is only a preview of the Original Document

*For inquiries or assistance, please reach out to us at www.carepolicy.us