HHA – Clinical Record Review and Home Visit Sample Selection Worksheet

The minimum clinical record/sample size for HHA is as follows in Table 1. More clinical records may be reviewed and more home visits conducted as deemed necessary to adequately assess compliance with the CoPs when deficient practice has been identified during the survey.

Table 1.

<table>
<thead>
<tr>
<th>Number of unduplicated skilled care admissions for the 12 months prior to the survey</th>
<th>Active Patient Sample: Record Review Only (No Home Visit)</th>
<th>Active Patient Sample: Record Review with Home Visit</th>
<th>Discharged Patients: Closed Record Review</th>
<th>Total Survey Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 300</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>301 - 500</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>501 - 700</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>701 or more</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>17</td>
</tr>
</tbody>
</table>

Task 1: Pre-Survey (Offsite) Preparation

The offsite preparation task has been refocused to optimize surveyor time in planning for the HHA survey and to shift the focus of the offsite review to potentially avoidable events. The number of CASPER HHA reports that are to be reviewed prior to the HHA survey is reduced from six to three reports.

The three CASPER reports that surveyors will continue to review during Task 1 are:

1. Potentially Avoidable Event Risk Adjustment Report (12 months);
2. Potentially Avoidable Event Report: Patient Listing (12 months);

1. Potentially Avoidable Event Risk Adjusted Report

Surveyors will continue to utilize the Risk Adjusted Potentially Avoidable Event Report to identify potential areas of concern for the survey. Review the report to identify all potentially avoidable events. It is no longer required that the surveyor analyze this report for statistical significance or to determine if the provider exceeded twice the national reference value for a particular concern. All incidents contained within the report time period should be used as the
universe, in conjunction with the Potentially Avoidable Event: Patient Listing Report, from which the closed record sample for the survey is selected. The closed record sample is selected during the pre-survey preparation. If the reports do not contain a sufficient number of events, the sample may be augmented onsite.

2. Potentially Avoidable Event: Patient Listing Report- used for closed record sample

This report is a companion to the above Potentially Avoidable Event Report and provides the names of the patients who experienced the events noted in that report. Patients listed under multiple areas in the above report should be selected as a priority. If an insufficient number of patients are listed in the Potentially Avoidable Event Report to meet the number of closed records required for the survey sample, additional records may be added to the sample from the list of patients discharged from the agency for the 6 months prior to the survey.

3. Agency Patient-Related Characteristics Report- Used for record review and home visit sample

Surveyors will continue to review this report, which compiles several OASIS data elements into one report that provides a high-level overview of the HHA patient demographics, home care diagnoses, and agency statistics. Surveyors should identify potential focus areas of concern where the agency’s indicators exceed the national reference in the areas of Acute Conditions, Patient Diagnostic Information, and Home Care Diagnoses. Select patients for review and home visits during the survey who be associated with these areas of concern.

Task 2: Information Gathering

The minimum clinical record/sample size for HHA surveys has been revised as follows in Table 1. More clinical records may be reviewed and more home visits conducted as deemed necessary to adequately assess compliance with the CoPs when deficient practice has been identified during the survey.

Ask to see where the clinical records are stored in the agency and how access to records is controlled.

To minimize surveyor time spent in reviewing a clinical record and maximize the substantive information that can be obtained, ask the HHA staff person recommended by the administrator to guide you through the contents of a clinical record, whether electronic or paper. See how it is organized and where to find key elements.
HHA – CLINICAL RECORD REVIEW AND HOME VISIT SAMPLE SELECTION WORKSHEET

Active Patient Sample: Record Review Only (No Home Visit)
1. ________________________________  4. ________________________________
2. ________________________________  5. ________________________________
3. ________________________________  6. ________________________________

Active Patient Sample: Record Review with Home Visit
1. ________________________________  5. ________________________________
2. ________________________________  6. ________________________________
3. ________________________________  7. ________________________________
4. ________________________________  8. ________________________________

Discharged Patients: Closed Record Review
1. ________________________________  4. ________________________________
2. ________________________________  5. ________________________________
3. ________________________________  6. ________________________________

Licensing Clinical Record Review Sample
- Select two records from the list of patients who are not receiving skilled services for review. (Do not choose homemaking or chore service only patients. These patients should be receiving hands on care, such as bathing.)
  Note: Agency may not have any non-skilled patients.
- PRIORITIZE PATIENTS WITH DELEGATED SERVICES.

Minnesota Department of Health
Health Regulation Division
PO Box 64882
St. Paul, MN 55164-0882
www.health.state.mn.us

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