

Tool: Home Health Clinical Services Self-Assessment

Purpose: To identify level of knowledge related to Medicare skilled services

Instructions: Answer the questions below and submit to _____.

1. What is required when establishing eligibility for the Medicare Home Health Benefit? Answer “Y” for yes and “N” for no.
 - _____ Patient must be confined to the home (homebound).
 - _____ The patient is an eligible Medicare beneficiary.
 - _____ The patient must have a willing and able caregiver.
 - _____ The patient must be under the care of a physician or non-physician practitioner, such as nurse practitioner or physician assistant.
 - _____ The patient must be under the care of a physician.
 - _____ The patient must receive services under a plan of care established and periodically reviewed by a physician.
 - _____ The patient must be in need of skilled nursing care on an intermittent basis or physical therapy or speech-language pathology.
 - _____ The patient must have a continuing need for occupational therapy.
2. What is the correct sequence for admission of a Medicare patient to home health? (Number 1 through 6)
 - _____ Select the G code for the skilled service provided during the visit.
 - _____ Provide the ordered skill, if applicable.
 - _____ Obtain the physician order for the skilled intervention (if not provided with the verbal order to admit to home health).
 - _____ Establish that the patient is eligible for the Medicare home health benefit.
 - _____ Perform the OASIS comprehensive assessment.
 - _____ Provide required verbal or written information regarding HIPAA, payment, consent, emergency planning, etc. as required by agency, state and/or federal regulations.
3. Select the correctly written PRN order for a patient with an indwelling Foley catheter
 - _____ 3 PRN visits for skilled observation and assessment and/or catheter changes for signs and symptoms of UTI or for leaking, occluded or dislodged Foley catheter.
 - _____ Visit PRN if patient has signs or symptoms of UTI or Foley is leaking, occluded or dislodged.
 - _____ Visit PRN x 3 if patient has Foley problems

4. A patient with PVD has undergone a revascularization procedure (bypass). The incision area is showing signs of potential infection, e.g. heat, redness, swelling, drainage) and the patient has elevated body temperature.

Select the answer that best represents the primary reason for nursing.

- ☐ Observation and assessment
- ☐ Management and evaluation
- ☐ Training and/or education
- ☐ Direct skilled services
- ☐ None of the above

5. It is agency policy for a registered nurse to complete all comprehensive assessments and OASIS for therapy-only cases. Select the answer that represents the primary reason for nursing.

- ☐ Observation and assessment
- ☐ Management and evaluation
- ☐ Training and/or education
- ☐ Direct skilled services
- ☐ None of the above

6. The physician orders diabetic education for a patient who has been a diabetic for ten years. The physician does not state if the patient has had a complication or expressed lack of knowledge. Select the answer that represents the best way to proceed.

- ☐ Call the patient and interview him to see if he is knowledgeable about diabetic self-care.
- ☐ Evaluate the patient and identify if there are any knowledge deficits related to diabetes.
- ☐ Do the start of care and teach all aspects of diabetic care as the physician ordered.

7. You have taught the caregiver how to change a dressing for a complex wound and the caregiver is willing, able, and available to perform all dressing changes. You plan on visiting the patient weekly to assess the wound and check for patient compliance. You will change the dressing at this time. Select the answer that represents the primary reason for the skilled visit:

- ☐ Observation and assessment
- ☐ Management and evaluation
- ☐ Training and/or education
- ☐ Direct skilled services
- ☐ None of the above

8. Answer the following scenarios with a “Y” for yes and an “N” for no.

_____ The agency has an established best-practice protocol for PICC line dressing changes. For this reason, it is acceptable to write the order as follows: “SN to change PICC dressing per protocol weekly and 3 X PRN if dressing is soiled or becomes dislodged.”

_____ You do not have PRN orders for Foley-related complications. The patient calls at 9 p.m. on Saturday and reports the Foley is occluded. You have known the physician for many years and know that he will be very upset if you call for an order to change the Foley. You know FOR A FACT that he will sign the PRN order if you send it to him on Monday. For this reason, it is acceptable to visit the patient and send the order to the physician on Monday.

_____ Your patient has a non-healing wound to an incision to an AKA stump on the right. He also had a partial amputation of the second toe of the left foot several years ago. He has a history of severe PVD. During your visit, you find his left foot cold and pale. The patient states that the physician knows about it and he has an appointment with the physician in three days. Because the patient says the physician knows it is not necessary to notify the physician of the change in the condition of the foot.

9. Enter “T” for true or “F” for false for the following questions about consolidated billing.

_____ A patient is admitted for wound care for a qualifying Medicare home health episode. The patient also has had a colostomy for seven years and is independent with its care. He has a company that delivers colostomy supplies. For this reason, the home health agency is only required to provide wound care supplies. The colostomy supplies will be provided by the DME supplier.

_____ All non-routine supplies must be included in the plan of care. If the physician prefers not to order supplies for a condition not related to the reason for home health care, the physician may write a PRN order for non-routine supplies if needed during the episode of care.

_____ If the patient has a chronic condition that requires the use of non-routine supplies, it is important to monitor the use of supplies during skilled visits so you can inform the patient that the supply will be provided if needed. If the patient has plenty of supplies, it is not necessary to inform him/her.

10. Enter “T” for true or “F” for false for the following questions about timely initiation of care.

_____ If a patient is discharged from the hospital on Friday and his regular nurse is off on the weekend, it is acceptable to obtain an order to complete the Resumption of Care (ROC) on Monday as long as the physician is in agreement that the delay does not have the potential to harm the patient and is willing to sign an order.

_____ It is agency policy for the registered nurse to complete all Start of Care (SOC) OASIS comprehensive assessments for therapy-only cases. A patient requires physical therapy on Saturday after a Friday discharge but the registered nurse is booked solid and cannot do the OASIS comprehensive assessment. The therapist also works for another agency where she routinely completes OASIS starts of care. She volunteers to complete the OASIS comprehensive assessment in the interest of good patient care. This would be acceptable because the therapist is a qualifying service under the Medicare home health benefit and is permitted to complete OASIS by Medicare.

11. Enter “T” for true or “F” for false for the following questions about changes to the ordered frequency.

- _____ The physician writes an order for pressure ulcer dressing changes to be completed by the skilled nurse every Monday, Wednesday and Friday. The patient informs the nurse that she has an appointment on Wednesday of the following week with the attending physician who will evaluate the wound and will change the dressing. The nurse is not required to write a missed visit report because the physician will complete the dressing change and the nursing visit is not required.
- _____ The physician writes an order for pressure ulcer dressing changes to be completed by the skilled nurse three times a week. The agency schedules the visits every Monday, Wednesday and Friday. One week, the patient requests a change to Tuesday, Thursday and Saturday due to multiple physician appointments. The nurse is required to send a missed visit notification to the physician.
- _____ The physician writes an order for pressure ulcer dressing changes to be completed by the skilled nurse every Monday, Wednesday and Friday. The nurse identifies a willing and able caregiver who is available to change the dressing on Wednesday and Friday. Because the frequency has not changed, it is not necessary for the nurse to obtain an order from the physician.

12. Enter “T” for true or “F” for false for the following questions about home health aide services and supervision.

- _____ Medicare does not require that the home health aide be present during supervisory visits by the registered nurse.
- _____ Medicare allows the Registered Nurse to call the patient for telephone supervision if the patient requests it.
- _____ The home health aide is required to perform personal care services ordered by the physician and as directed by the Registered Nurse but if the patient requests a change, such as a bed bath instead of a shower due to being tired, the home health aide may oblige the patient.
- _____ The patient has skilled nursing and physical therapy services. The RN visits once a month for Foley catheter changes and home health aide supervision. The physical therapist agrees to provide supervision on the alternate two-week periods. This is acceptable by Medicare because therapy is allowed to supervise home health aides.

13. Enter “T” for true or “F” for false for the following questions about physician orders.

- _____ The physician orders the nurse to change the dressing as follows: “Cleanse wound with wound cleanser, pat dry with sterile gauze, apply calcium alginate to the wound bed, cover with dry dressing and tape in place.” The registered nurse routinely uses skin prep on the area surrounding the wound to protect it from tape burns. It is not necessary for the nurse to obtain an order for the skin prep because it is not directly related to the wound care.
- _____ The physician orders the nurse to change the dressing to the right lower extremity as follows: “Cleanse wound with wound cleanser, pat dry with sterile gauze, apply calcium alginate to the wound bed, cover with dry dressing and wrap with an ace bandage.” The nurse finds that the ace wrap does not support the dressing as it should, so she uses a webbing tube in its place. It is acceptable to do this without an order because the ace wrap does not impact on the dressing.

NA The physician orders the nurse to monitor pain and report if pain is >5 on a 0 to 10 scale. The patient has a prescription for a pain medication with instructions to take for moderately severe pain every 4 to 6 hours. The patient reports unremitting pain of 9 on a scale of 0 to 9 so the nurse advises the patient to take the prescribed pain medication while she calls the doctor to inform her of the patient's pain. This is not acceptable. Why? _____

14. Enter "T" for true or "F" for false for the following questions about the drug regimen review.

_____ The registered nurse notes on admission that the patient has resumed using a comparable pain medication for the pain she is experiencing. This medication is not listed on the reconciled discharge medication list that was provided by the hospital. Because the medication the patient has on hand was prescribed by the home health attending physician before the hospital admission, it is acceptable for the patient to continue this medication until the patient sees the physician for follow-up in two days.

_____ The Registered Nurse notes that the patient reports Percocet relieves the pain she is experiencing. Upon review of the ordered medications, she finds that Percocet is not included. He informs the patient that the Percocet must be confirmed with the physician and calls the physician from the home to clarify the order. The nurse is taking the correct action.

_____ The patient uses oxygen 2l/min via nasal cannula while sleeping. The nurse notes on recertification that the previous nurse had not added the oxygen to the medication profile. The nurse confirms with the physician that the order for oxygen is correct and adds to the medication profile in the home and in the agency's clinical record. This is the correct action.

Clinician Signature

Title

Date

Answer Key: Home Health Clinical Services Self-Assessment

Purpose: To identify level of knowledge related to Medicare skilled services

Instructions: Answer the questions below and submit to _____.

1. What is required when establishing eligibility for the Medicare Home Health Benefit? Answer “Y” for yes and “N” for no.
 - Y Patient must be confined to the home (homebound).
 - Y The patient is an eligible Medicare beneficiary.
 - N The patient must have a willing and able caregiver.
 - N The patient must be under the care of a physician or non-physician practitioner, such as nurse practitioner or physician assistant.
 - Y The patient must be under the care of a physician.
 - Y The patient must receive services under a plan of care established and periodically reviewed by a physician.
 - Y The patient must be in need of skilled nursing care on an intermittent basis or physical therapy or speech-language pathology.
 - Y The patient must have a continuing need for occupational therapy.
2. What is the correct sequence for admission of a Medicare patient to home health? (Number 1 through 6)
 - 6 Select the G code for the skilled service provided during the visit.
 - 5 Provide the ordered skill, if applicable.
 - 4 Obtain the physician order for the skilled intervention (if not provided with the verbal order to admit to home health).
 - 1 Establish that the patient is eligible for the Medicare home health benefit.
 - 3 Perform the OASIS comprehensive assessment.
 - 2 Provide required verbal or written information regarding HIPAA, payment, consent, emergency planning, etc. as required by agency, state and/or federal regulations.
3. Select the correctly written PRN order for a patient with an indwelling Foley catheter
 - ✓ 3 PRN visits for skilled observation and assessment and/or catheter changes for signs and symptoms of UTI or for leaking, occluded or dislodged Foley catheter.
 - Visit PRN if patient has signs or symptoms of UTI or Foley is leaking, occluded or dislodged.
 - Visit PRN x 3 if patient has Foley problems

4. A patient with PVD has undergone a revascularization procedure (bypass). The incision area is showing signs of potential infection, e.g. heat, redness, swelling, drainage) and the patient has elevated body temperature.

Select the answer that best represents the primary reason for nursing.

- ☒ Observation and assessment
- ☐ Management and evaluation
- ☐ Training and/or education
- ☐ Direct skilled services
- ☐ None of the above

5. It is agency policy for a registered nurse to complete all comprehensive assessments and OASIS for therapy-only cases. Select the answer that represents the primary reason for nursing.

- ☐ Observation and assessment
- ☐ Management and evaluation
- ☐ Training and/or education
- ☐ Direct skilled services
- ☒ None of the above

6. The physician orders diabetic education for a patient who has been a diabetic for ten years. The physician does not state if the patient has had a complication or expressed lack of knowledge. Select the answer that represents the best way to proceed.

- ☐ Call the patient and interview him to see if he is knowledgeable about diabetic self-care.
- ☒ Evaluate the patient and identify if there are any knowledge deficits related to diabetes.
- ☐ Do the start of care and teach all aspects of diabetic care as the physician ordered.

7. You have taught the caregiver how to change a dressing for a complex wound and the caregiver is willing, able, and available to perform all dressing changes. You plan on visiting the patient weekly to assess the wound and check for patient compliance. You will change the dressing at this time. Select the answer that represents the primary reason for the skilled visit:

- ☒ Observation and assessment
- ☐ Management and evaluation
- ☐ Training and/or education
- ☐ Direct skilled services
- ☐ None of the above

8. Answer the following scenarios with a “Y” for yes and an “N” for no.

- N The agency has an established best-practice protocol for PICC line dressing changes. For this reason, it is acceptable to write the order as follows: “SN to change PICC dressing per protocol weekly and 3 X PRN if dressing is soiled or becomes dislodged.”
- N You do not have PRN orders for Foley-related complications. The patient calls at 9 p.m. on Saturday and reports the Foley is occluded. You have known the physician for many years and know that he will be very upset if you call for an order to change the Foley. You know FOR A FACT that he will sign the PRN order if you send it to him on Monday. For this reason, it is acceptable to visit the patient and send the order to the physician on Monday.
- N Your patient has a non-healing wound to an incision to an AKA stump on the right. He also had a partial amputation of the second toe of the left foot several years ago. He has a history of severe PVD. During your visit, you find his left foot cold and pale. The patient states that the physician knows about it and he has an appointment with the physician in three days. Because the patient says the physician knows it is not necessary to notify the physician of the change in the condition of the foot.

9. Enter “T” for true or “F” for false for the following questions about consolidated billing.

- F A patient is admitted for wound care for a qualifying Medicare home health episode. The patient also has had a colostomy for seven years and is independent with its care. He has a company that delivers colostomy supplies. For this reason, the home health agency is only required to provide wound care supplies. The colostomy supplies will be provided by the DME supplier.
- T All non-routine supplies must be included in the plan of care. If the physician prefers not to order supplies for a condition not related to the reason for home health care, the physician may write a PRN order for non-routine supplies if needed during the episode of care.
- F If the patient has a chronic condition that requires the use of non-routine supplies, it is important to monitor the use of supplies during skilled visits so you can inform the patient that the supply will be provided if needed. If the patient has plenty of supplies, it is not necessary to inform him/her.

10. Enter “T” for true or “F” for false for the following questions about timely initiation of care.

- F If a patient is discharged from the hospital on Friday and his regular nurse is off on the weekend, it is acceptable to obtain an order to complete the Resumption of Care (ROC) on Monday as long as the physician is in agreement that the delay does not have the potential to harm the patient and is willing to sign an order.
- F It is agency policy for the registered nurse to complete all Start of Care (SOC) OASIS comprehensive assessments for therap- only cases. A patient requires physical therapy on Saturday after a Friday discharge but the registered nurse is booked solid and cannot do the OASIS comprehensive assessment. The therapist also works for another agency where she routinely completes OASIS starts of care. She volunteers to complete the OASIS comprehensive assessment in the interest of good patient care. This would be acceptable because the therapist is a qualifying service under the Medicare home health benefit and is permitted to complete OASIS by Medicare.

11. Enter "T" for true or "F" for false for the following questions about changes to the ordered frequency.

- F The physician writes an order for pressure ulcer dressing changes to be completed by the skilled nurse every Monday, Wednesday and Friday. The patient informs the nurse that she has an appointment on Wednesday of the following week with the attending physician who will evaluate the wound and will change the dressing. The nurse is not required to write a missed visit report because the physician will complete the dressing change and the nursing visit is not required.
- F The physician writes an order for pressure ulcer dressing changes to be completed by the skilled nurse three times a week. The agency schedules the visits every Monday, Wednesday and Friday. One week, the patient requests a change to Tuesday, Thursday and Saturday due to multiple physician appointments. The nurse is required to send a missed visit notification to the physician.
- F The physician writes an order for pressure ulcer dressing changes to be completed by the skilled nurse every Monday, Wednesday and Friday. The nurse identifies a willing and able caregiver who is available to change the dressing on Wednesday and Friday. Because the frequency has not changed, it is not necessary for the nurse to obtain an order from the physician.

12. Enter "T" for true or "F" for false for the following questions about home health aide services and supervision.

- T Medicare does not require that the home health aide be present during supervisory visits by the registered nurse.
- F Medicare allows the Registered Nurse to call the patient for telephone supervision if the patient requests it.
- F The home health aide is required to perform personal care services ordered by the physician and as directed by the Registered Nurse but if the patient requests a change, such as a bed bath instead of a shower due to being tired, the home health aide may oblige the patient.
- F The patient has skilled nursing and physical therapy services. The RN visits once a month for Foley catheter changes and home health aide supervision. The physical therapist agrees to provide supervision on the alternate two-week periods. This is acceptable by Medicare because therapy is allowed to supervise home health aides.

13. Enter "T" for true or "F" for false for the following questions about physician orders.

- F The physician orders the nurse to change the dressing as follows: "Cleanse wound with wound cleanser, pat dry with sterile gauze, apply calcium alginate to the wound bed, cover with dry dressing and tape in place." The registered nurse routinely uses skin prep on the area surrounding the wound to protect it from tape burns. It is not necessary for the nurse to obtain an order for the skin prep because it is not directly related to the wound care.
- F The physician orders the nurse to change the dressing to the right lower extremity as follows: "Cleanse wound with wound cleanser, pat dry with sterile gauze, apply calcium alginate to the wound bed, cover with dry dressing and wrap with an ace bandage." The nurse finds that the ace wrap does not support the dressing as it should, so she uses a webbing tube in its place. It is acceptable to do this without an order because the ace wrap does not impact on the dressing.

NA The physician orders the nurse to monitor pain and report if pain is >5 on a 0 to 10 scale. The patient has a prescription for a pain medication with instructions to take for moderately severe pain every 4 to 6 hours. The patient reports unremitting pain of 9 on a scale of 0 to 9 so the nurse advises the patient to take the prescribed pain medication while she calls the doctor to inform her of the patient's pain. This is not acceptable. Why? _____

14. Enter "T" for true or "F" for false for the following questions about the drug regimen review.

F The registered nurse notes on admission that the patient has resumed using a comparable pain medication for the pain she is experiencing. This medication is not listed on the reconciled discharge medication list that was provided by the hospital. Because the medication the patient has on hand was prescribed by the home health attending physician before the hospital admission, it is acceptable for the patient to continue this medication until the patient sees the physician for follow-up in two days.

T The Registered Nurse notes that the patient reports Percocet relieves the pain she is experiencing. Upon review of the ordered medications, she finds that Percocet is not included. He informs the patient that the Percocet must be confirmed with the physician and calls the physician from the home to clarify the order. The nurse is taking the correct action.

T The patient uses oxygen 2l/min via nasal cannula while sleeping. The nurse notes on recertification that the previous nurse had not added the oxygen to the medication profile. The nurse confirms with the physician that the order for oxygen is correct and adds to the medication profile in the home and in the agency's clinical record. This is the correct action.

Clinician Signature

Title

Date