

**HOME HEALTH AIDE TRAINING PROGRAM SURVEILLANCE CHECKLIST
June 2019**

Agency Name _____

Date of Survey _____ **Approval Period:** _____

Surveyor(s) _____

Pre-Survey Activities	
<input type="checkbox"/> Contact Central Office for potential program issues via email: hhatp@health.ny.gov	
<input type="checkbox"/> Review of Application/Re-approval information	
<input type="checkbox"/> Agency file for correspondence/approved program changes/annual report	
<input type="checkbox"/> List of approved Nurse Instructors	
<input type="checkbox"/> Name of Coordinating Nurse instructor/(s)	
<input type="checkbox"/> Schedule of anticipated classes	
<input type="checkbox"/> Name of submitted published textbook	
<input type="checkbox"/> ACTS for recent complaints	
<input type="checkbox"/> Results of last survey (Date: _____)	
Home Care Registry:	
<input type="checkbox"/> Training Entity Profile Report	
<input type="checkbox"/> Training Sites	
<input type="checkbox"/> Classes conducted	
<input type="checkbox"/> Rosters of CORE, Competency Eval, PCA Upgrade, CNA Transition	
<input type="checkbox"/> List of Approved Nurse Instructors	
<input type="checkbox"/> List of Coordinating/Supervising Nurses	

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Onsite	
Entrance Conference (with administrator or responsible person):	
<input type="checkbox"/> Introduce surveyors(s)	
<input type="checkbox"/> Provide "List of Required Documents"	
<input type="checkbox"/> Verification of Pre-Survey information	
<input type="checkbox"/> Published Textbook Used	
<input type="checkbox"/> Number of Training Programs past 12 months	
<input type="checkbox"/> Name of "Coordinating Nurse Instructor"	
<input type="checkbox"/> Teaching Sites	
<input type="checkbox"/> Supervised Practical Training Sites	
<input type="checkbox"/> Obtain information through interview: <ul style="list-style-type: none"> ● Training process ● Student to faculty ratio ● Admission & selection criteria ● Attendance policies ● Testing/Retesting (score \geq 80, retesting with different test) ● Remediation process 	

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<ul style="list-style-type: none"> • Training fees & what do they cover? (request to see invoice) • Policy and method for issuing certificates 	
<p>Review of Program's Quality Monitoring (QM):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual responsible for QM <input type="checkbox"/> Policy and procedure that includes description of what will be monitored and how <p>Evidence of monitoring of:</p> <ul style="list-style-type: none"> • Effectiveness of instructors • Lesson plans • Teaching methods • Supervised Practical Training • Analysis and evaluation of testing results • Admission standards and completion rates <ul style="list-style-type: none"> <input type="checkbox"/> Quarterly Reports (for past 12 months) <p>Are Problems/Issues Identified?</p> <p>Is there evidence of Action Plan for identified problem areas?</p> <p>Is there evidence of Performance Improvement Activities?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Annual Report/(s) since last submission to DOH <p>Do annual reports reflect quarterly report findings?</p>	

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If findings indicate the program's quality monitoring is inadequate/lacking, then EXPAND the survey as follows:	
<input type="checkbox"/> Observe areas of Training Program: <ul style="list-style-type: none"> • Where is training held? • Is equipment adequate for teaching required skills/curriculum? • Is space adequate? • Is security maintained of testing materials? 	
<input type="checkbox"/> Observation of Lecture/Training: Date of Class: _____ # of Trainees who attended class: _____ <ul style="list-style-type: none"> • Who is conducting training? (document credentials) • Observe attendance protocol in classroom/SPT lab • Is curriculum content being followed? • Is the correct amount of time allotted for lecture/training? 	
<input type="checkbox"/> Review of Trainee/Student Records: Sample at least 2 records from each method of certification: 75-hour, Competency Evaluation Program, PCA Upgrade, CNA Transition	Refer to Page # 6-12
<input type="checkbox"/> Interview of Student(s) – Interview sample students who have completed the HHATP by telephone or in person	Refer to Page # 12-13

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Exit Interview: <i>(Discuss survey findings with administrator/responsible person)</i>	
Findings of Noncompliance:	

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Review of Trainee Records	Student #1	Student #2	Student #3	Student #4	Student #5	Student #6	Student #7
Program Type (CORE, PCA Upgrade, CNA Transition, Comp. Eval)							
File maintained, and confidentiality maintained							
Attendance verification of required hours of classroom and supervised practical training based on program type							
Documentation of receipt of Trainee Rights							
Verification of test scores $\geq 80\%$ and use of different test if retesting required							
Documentation of completed Home Health Aide Trainee Evaluation Forms signed by RN							
Copy of Trainee's certificate of completion							
Copy of Trainee's Appendix 5							
Copy of Trainee's Appendix 5a							

CORE: Student must complete 75 hours minimum (59 hours classroom, 16 hours SPT)

Competency Evaluation Program: Program is derived from CORE training and the student must be evaluated after observation of performance of required tasks in lab or patient-care setting. The written procedure demonstration portions of the competency evaluation program must contain sufficient content to assure that the aide is competent in the information and required skills set forth in the HCC and HRTC curricula (Appendix 5 and 5A).

Personal Care Aide Upgrade: PCA must complete 35 hours of additional training (19 hours classroom, 8 hours classroom SPT, 8 hours SPT patient care). The HHC and HRTC (Appendix 5 and 5A) indicates the required performance standards, which must be successfully demonstrated to and assessed by an approved Nurse Instructor.

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Certified Nurse Aide Transitioning: Training must augment CNA’s training with additional classroom and SPT for skills pertaining to home care. (such as assistance with medications, handling the patient’s money, maintaining a clean, safe home environment, safety, accident prevention and responses to emergencies in the home, taking of blood pressure and observing, recording, & reporting)

Review of Training Records (entire class):		Core: 75-hour training program: Students must be tested on <u>all</u> Home Care Curriculum Modules I – XII, plus Health-Related Task Curriculum, Units A – H required procedures (A-1; B-1,2,8,9; D-1,2,3,4,5). Surveyor should attempt to review one record of a student who has filed a complaint against the HHATP.						
Student (# or initials)	Attendance Sign-in Sheet completed	Admission Screen completed	Modules I – XII tested on & scores documented	Units A-H tested on & scores documented	8 hours classroom SPT completed	8 hours SPT completed w/patients	Competency signed by RN & License #	Copy of certificate in file

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Review of Training Records:

Competency Evaluation Only: Program should be derived from written unit tests and skills demonstration checklists included in the HCC & HRTC curricula (Appendix 5 and 5A) The subject areas listed below must be evaluated after observation of the aide's performance of task in lab or patient-care setting.

Tasks:

	Student #1	Student #2	Student #3	Student #4	Student #5
<p><u>APPENDIX 5 (Home Care Core Curriculum (HCC)):</u> <u>*Required Procedures*:</u></p> <ul style="list-style-type: none"> • Proper hand washing • Bed bath • Mouth hygiene and care • Helping the client to walk • Use of a bedpan • Transfer to a wheelchair, chair or commode • Checking the right person • Checking the right medication • Checking the right dose • Checking the right time • Checking the right route <p><u>APPENDIX 5A (Health Related Tasks Curriculum (HRTC)) (18 Required Performance standards)</u> <u>*Required Procedures*</u></p> <ul style="list-style-type: none"> • Proper hand washing • Cleaning a glass thermometer • Measuring an oral temperature with a glass 					

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thermometer

- Measuring the pulse and respirations
- Measuring blood pressure
- Transfer to a sitting position
- Helping a client to sit at the side of the bed
- Helping a client to stand
- Assisting with passive range of motion exercise
- Assisting with postural drainage
- Assisting with the use of the oxygen concentrator
- Assisting with the use of the oxygen tank and liquid oxygen reservoir
- Assisting with the use of the medication nebulizer and air compressor
- Positioning on the back
- Positioning on the side
- Assisting with changing a clean dressing
- Assisting with changing an ileostomy or colostomy pouch
- Assisting with routine tracheostomy care

Review of Training Records:

Personal Care Aide Upgrade: PCA must complete 35 hours of additional training as outlined in the Home Care Core Curriculum (HCC) (Appendix 5) and the Health-Related Tasks Curriculum (HRTC) (Appendix 5A) to include the required tasks listed below.

	Student #1	Student #2	Student #3	Student #4	Student #5
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19 hours classroom training completed:					
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8 hours classroom SPT completed:					
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8 hours SPT completed with patient(s):

APPENDIX 5 (Home Care Core Curriculum (HCC)):

***Required Procedures*:**

- Proper hand washing
- Bed bath
- Mouth hygiene and care
- Helping the client to walk
- Use of a bedpan
- Transfer to a wheelchair, chair or commode
- Checking the right person
- Checking the right medication
- Checking the right dose
- Checking the right time
- Checking the right route

APPENDIX 5A (Health Related Tasks Curriculum (HRTC)) (18 Required Performance standards)

Required Procedures

- Proper hand washing
- Cleaning a glass thermometer
- Measuring an oral temperature with a glass thermometer
- Measuring the pulse and respirations
- Measuring blood pressure
- Transfer to a sitting position
- Helping a client to sit at the side of the bed
- Helping a client to stand
- Assisting with passive range of motion exercise
- Assisting with postural drainage
- Assisting with the use of the oxygen concentrator
- Assisting with the use of the oxygen tank and

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- liquid oxygen reservoir
- Assisting with the use of the medication nebulizer and air compressor
- Positioning on the back
- Positioning on the side
- Assisting with changing a clean dressing
- Assisting with changing an ileostomy or colostomy pouch
- Assisting with routine tracheostomy care

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Review of Training Records:

Certified Nurse Aide Transitioning: HHATP should have the capability to augment a nurse aide’s training with classroom and supervised practical training in those skills not included in the Nurse Aide Training Program. The minimum requirement covers the following areas:

Demonstrated Skills:

	Student #1	Student #2	Student #3	Student #4	Student #5
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- Assistance with medications
- Handling the patient’s money
- Maintaining a clean, safe home environment
- Safety, accident prevention & responses to emergencies in the home
- Taking of blood pressure

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- Observing, recording, & reporting

Competency signed by R.N.
License #

Copy of documentation in file

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Interview of students	Student #1	Student #2	Student #3
• What type of training did you attend?			
• What was the number of hours and days you attended training?			
• Did you pay for the training, if yes how much and what did you get to keep?			
• What were the name(s) of the instructor(s) who taught you?			
• Where was the supervised practical training conducted and were you observed during the SPT by an RN?			
• Were you satisfied with the quality of			

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the training?			
• Did you receive completed Home Health Aide Trainee Evaluation Forms signed by an RN?			
• Did you receive a certificate of completion?			