Post ACH/ROC Audit and Tally Tool

Home Health Agency: _____ ROCs for _____ (month/year) Auditor: _____

Key: Y (Yes) for compliance with best practices identified.
N (No) for non-compliance with best practices identified. NA (Not Applicable)

Please Note: It is very important to tally results of audits for ROCs each month and present results/trends/problems to team by the 3rd week of the following month to maintain timely focus.

Best Practices	1	2	3	4	5	6	7	8	9	10	Total	Total Possible	% Yes
1. Did the patient meet agency admission criteria?													
2. Does the patient live alone?													
3. Does the patient live with a responsible caregiver?													
4. List diagnoses (include any chronic disease diagnosis).													
5. What was the reason patient needed ACH?													
6. Was the agency notified prior to hospital admission? If not, why?													
7. Was an evidence-based **ACH Risk Assessment** completed at SOC/ROC?													
8. Was the patient identified as high risk for ACH?													
9. Was the risk status communicated to other team members?													
10. If identified as high risk for ACH, was the **care front-loaded** during the first two weeks, to include onside *and* phone visits?													
11. Was an individualized disease/problem-specific **Emergency Care Plan** developed and given to the patient and caregiver(s)?													
12. Is there documentation to show patient/caregiver was taught early symptoms of potential exacerbation, using the Emergency Care Plan, at SOC/ROC and during every onsite visit *and* phone visit/call?													
13. Does documentation include patient/caregiver(s) *response(s)* to teaching, showing whether or not *learning* occured?													

14. Is there documentation of education on: a. all medications (prescribed & OTC), until all meds were taught?													
b. disease management, including specific teaching tools?													
c. self-management compliance aids (e.g., medication logs, weight logs, zone tools, legible scales, large button phone)?													
d. lifestyle changes (e.g., smoking, diet, exercise)?													
e. safety and fall prevention?													
f. other (specify)?													
15. Were intervention PRN orders for exacerbation or decline, obtained at SOC/ROC?													
16. If PRN orders were obtained, were they followed, if applicable?													
17. Clinician made appropriate referrals to SW, PT, OT and ST within 48 hours of SOC/ROC based on ADL and IADL scores.													
18. **Summary of team's discussion at case conference**, including if this ACH could have been prevented and if so, how?													
19.													
20.													
21.													
22.													
23.													
24.													
25.													

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