



by

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Home Care Rehabilitation Standards

The Joint Commission recently added specific rehabilitation standards to the *1999-2000 Comprehensive Accreditation Manual for Home Care (CAMHC)*. These standards (shown in Table 1) will be evaluated, scored, and effective for organizations providing such services and have been assigned to the "Care, Treatment, and Service" chapter in the *CAMHC*. Rehab services are defined as those for patients who receive *only* physical, occupational, recreation, or speech therapy performed by or under the direction of a qualified rehabilitation professional. Although the *CAMHC* previously did not have specific standards

for rehab services, they were evaluated through existing standards.

The standards in the *CAMHC* "Assessment" chapter require the home care organization to determine the patient's functional status needs regardless of whether it provides rehab services. The activities and scope of the functional assessment, however, are dictated by the services provided by the home care organization. The assessment standards then require an in-depth functional assessment for each patient referred for rehab services.

When an organization determines that a patient requires rehab services, it is not

Table 1

Rehabilitation Standards in the *CAMHC*

Standard number	Standard text
TX.12	Functional rehabilitation status is assessed to determine the current level of functioning, self-care, self-responsibility, independence, and quality of life.
TX.12.1	Qualified rehabilitation professionals develop and implement the rehabilitation plan with the patient and his or her family, social network, or support system.
TX.12.1.1	Discharge planning from rehabilitation services is integrated into the functional rehabilitation assessment.
TX.12.2	Reassessment of the patient receiving rehabilitation services is an ongoing process.
TX.12.3	A rehabilitation plan and goals (developed by qualified professionals in conjunction with the patient and/or his or her family, social network, or support system and based on a functional assessment of patient needs) guide the provision of rehabilitation services appropriate to the patient's environment.
TX.12.4	Rehabilitation services are appropriate to the patient's needs and severity of disease, condition, impairment, or disability.
TX.12.5	Rehabilitation outcomes are restoring, improving, or maintaining the patient's optimal level of functioning, self-care, self-responsibility, independence, and quality of life.

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required to provide those services *if they are not within its scope of care and services*. For example, an organization can refer a patient to a qualified professional in a different organization who can assess and manage the level of rehab services that patient requires. This expectation is consistent with the requirements in the "Continuum of Care and Services" chapter.

The following rehabilitation standards are evaluated *only if the home care organization provides professional rehab services*.

Standard TX.12 expands the assessment of the patient's functional status to include current level of functioning, self-care ability, self-responsibility, independence, and quality of life. The rehab plan is developed from this comprehensive assessment in conjunction with the patient, family, and support system. The plan is expected to be implemented.

Standard TX.12.1 evaluates qualified professionals who develop and implement the rehab plan. This standard emphasizes that patients, families, and their support systems also are involved. The plan should identify interventions to reach these mutually developed goals, as well as document treatment choices, the responses to intervention, progress, and changes in condition. To maximize patient and family involvement, shared information should include the potential benefits and risks of rehab services and the expectations of everyone involved.

Standard TX.12.1.1 brings the concept of discharge planning very early to the rehab professional's consciousness. This critical aspect of services is expected to be based on the assessment and establish criteria for determining when the patient no longer will need the services.

Standard TX.12.2 establishes the necessity for reassessments at strategic and ongoing points of care to re-evaluate the patient's functional status, determine his or her progress to the goals, and evaluate the need to change or continue the treatment regimen. Reassessments also provide data that may be necessary for other critical patient care decisions, such as the necessity to discharge the patient.

Standard TX.12.3 reflects the axiom that the rehab plan, in fact, does guide service provision. The identified rehab needs should have guided the services to help patients achieve and maintain optimal levels of functioning, self-care, and independence. This success usually is achieved by managing the patient's specific health problem and maximizing his or her emotional well-being while taking into account the diagnosis, prognosis, and treatment program.

Standard TX.12.4 attempts to ascertain whether the rehab services were appropriate for the individual's needs, and appropriateness must always be determined in context of the severity of the patient's disease, condition, impairment, or disability.

The last of the home care rehab standards, **TX.12.5**, clearly evaluates the services' outcomes. The standard requires the provided services to restore, improve, or maintain the patient's optimal function level and uses an evaluation of the assessment criteria to indicate the functional level's effect on self-care, independence, and quality of life. These outcomes can be measured as they relate to living, learning, physical, and work activities. The skills gained also are used in the patient's housing, vocational, educational, recreational, and social environments.

These standards are expected to increase the awareness of the importance of rehab services. The full text of these standards with their intents and other changes to the 1999-2000 CAMHC may be found on the Joint Commission's website at www.jcaho.org.