### PURPOSE

To define the process for supervision of clinical services provided by Ohio Living Home Health & Hospice.

### POLICY

Nursing and home health aide services will be under the supervision of a registered nurse who meets the qualifications as outlined in the job description.

Supervisor-to-patient care personnel ratios will depend on the acuity level of the patients and case mix, and be in compliance with applicable law or regulation.

The Clinical Supervisor will be responsible for clinical direction.

### PROCEDURE

1. The Clinical Supervisor will oversee the day-to‑day clinical operations.
2. On a daily basis, staffing will be reviewed in combination with the patient census, acuity, etc.
   1. If staffing is problematic, the Clinical Supervisor, in coordination with the Administrator and/or Executive Director, will review options, which include, but will not be limited to:
   2. Use of outside, contracted organization personnel
   3. Use of overtime by organization personnel
3. The Clinical Supervisor will monitor the care and service provided by organization personnel and contract personnel. Monitoring includes the review of performance improvement results, incident reports, infection reports, clinical record review results, etc. Any noted trends of individual performance will be used during the evaluation process.
4. The Clinical Supervisor participates as a member of the following:
   * 1. Quality Assurance and Performance Improvement Committee
     2. Other committee/workgroups as requested and approved by the Administrator or Executive Director
5. Recommendations regarding resources (personnel and other) and services will be made to the Executive Director/Administrator.
6. The Clinical Supervisor will assure that the following supervision is maintained:
   * 1. Home health aides, personal care and environmental support/chore service workers:
7. Home health aide supervisory visits will be conducted on‑site at least every two (2) weeks by skilled personnel. Supervisory visits can be made in conjunction with the home health aide or in his/her absence. A direct observation supervisory visit will be made annually.
8. A supervisory visit will be conducted annually on patients receiving personal care and /or support/chore services.
   * 1. Licensed practical/vocational nurses will be supervised by a registered nurse annually.
     2. Physical therapy assistants and certified occupational therapy assistants:
9. Physical therapy assistants will be supervised by a physical therapist, and certified occupational therapy assistants will be supervised by an occupational therapist annually.
   * 1. Supervisory visits will be made more often if indicated by patient’s and/or organization personnel's need.
     2. Supervisory visits will be documented, dated, and signed by the supervising professional.
     3. Clinical personnel that report to a supervisor of a different discipline will have the opportunity for consultation and review with a professional manager in their discipline to ensure adherence to and accountability for professional standards of clinical practice.