

Reports

Where a report, positive or negative, is established herein and is required to be submitted by the contractor, reports will be VAMC-Specific. The definitions below outline the timeframe for submission of reports to the COR:

Daily* – no later than 24 hours after notification of event.

Monthly – due to the COR no later than the 5th workday of the month following the previous month.

Quarterly – due to the COR no later than the 15th of the month following the reporting quarter – reporting quarters are based on our fiscal year, October to December, January to March, therefore reports are due by January 15th, April 15th, etc.

Annual – due to the COR no later than the 1st of October each year.

Fax/emails- shall be on encrypted via PKI.

* While these are labeled as “daily”, they are only reported when applicable. If an incident occurs and the contractor has 48 hours to report, then this would be reported on the daily report in which the 48 hours falls.

Daily Reports (As Required)

Report Description	Distribution	Format	PWS Reference
<u>Unsafe Condition Report</u> Reporting any unsafe conditions observed in the VA beneficiary’s home that precludes the installation or continuance of oxygen service.	COR / CO	Verbal, written, and/or email	Para 24
<u>Disaster Report</u> This emergency action plan shall addresses continuity of services for all patients in the affected region.	COR / CO	Word document or PDF	Para 29
<u>Incident Report</u> Reporting special incidents found or occurring during a home visit, to include finding patients in need of emergency medical assistance, safety hazards that do not fall into the category of presenting immediate life-threatening danger to the patient or contractor’s staff, inability to contact a patient within a reasonable period of time, and any other incident meeting the contractors written policy for incident reporting according to accreditation standards.	COR/CO	Word document or PDF	Para 10
<u>Sentinel Events.</u> The contractor shall inform the Home Oxygen personnel within one business day of a sentinel event (as defined by TJC standards) that occurs during the performance of this contract that involves VA beneficiaries.	COR/CO	Telephone, email, per TJC	Para10

<p><u>Patient Refusal of Service</u> Refusal of service - All beneficiaries have the right of refusal of service. In the event a beneficiary refuses service or orders equipment to be removed from the home, the contractor shall comply with the beneficiary's wishes, however in addition to a written report; the Contractor shall report the specifics of the refusal to the COR by telephone within 1 hour. If the refusal occurs during a home visit, the contractor's staff shall make an attempt to notify the COR of the refusal during the home visit. Notification on refusal of backup equipment may be accomplished verbally, in writing or via email.</p>	COR	Telephone, email, Word, PDF, fax	Para 10
<p><u>Suspected Abuse or Neglect</u> The contractor shall report suspected incidents of abuse or neglect to the patient by family members or caregivers. Suspected incidents shall be reported immediately (within 24 hours during business hours) to the COR, as well as to the adult protective agency. The contractor shall follow all state and local laws in reporting suspected incidents of abuse or neglect.</p>	COR	Telephone, email, Word, PDF, per state laws	Para 10
<p><u>Initial patient) Set-Ups</u> The contractor shall provide the VA with a fully executed copy of, Home Medical Equipment Checklist, on all new set-ups, via secure email or fax, within 48 hours.</p>	COR	Secure email or fax	Para 21
<p><u>Discontinuation of Service</u> The contractor shall provide the VA with a list of make, model and serial number(s) of all VA equipment picked-up from veterans upon discontinuation of service within 48 hours.</p>	COR	Secure email or fax	Para 6

Monthly Reports

Report Description	Distribution	Format	PWS Reference
<u>Service Reports:</u> For each patient visited during the billing period, a service report will be submitted to COR in conjunction with submitting the Invoices.	COR (with monthly invoice)	Excel	Para 31
<u>Compliance/Educational Needs Report</u> Service Reports to include documentation of prescription compliance issues as well as missed visits for each patient.	COR (24 hours for second missed visit)	Word, excel, or PDF	Para 8
<u>Inventory Report of Government Furnished Equipment</u> A complete listing of all government owned equipment in storage to include make, model and serial numbers, new, used, in need of repair or in need of disposal.	COR	Word, excel, or PDF	Para 19

Quarterly Reports

Report Description	Distribution	Format	PWS Reference
<u>Joint Commission Report</u> The contractor shall provide a written, semi-annual report in accordance with Joint Commission Standards for improving organizational performance (The TJC standards may be accessed at www.jointcommission.org).	COR	Word, excel, or PDF	Para 7,24,29
<u>Customer Satisfaction</u> Customer Satisfaction - In accordance with TJC standards the contractor shall collect data on service satisfaction from contracted patients and their families from each facility on a quarterly basis. A copy of survey results will be submitted to CORs in Quarterly reports.	COR	Word, or PDF	Para 10
<u>Infection Control / Communicable Diseases</u> Infection Control/Communicable Diseases – Report will include data related to the contractor’s ongoing Infection Control Program and shall be submitted quarterly or as requested by the COR.	COR	Word, or PDF	Para 11
<u>Quality Control Report</u> The contractor shall collect data on important processes and outcomes related to patient care and organizational functions. Contractor shall provide quarterly patient satisfaction, patient safety report and respiratory infection reports to CO and COR; and cooperate with COR on other performance improvement programs.	COR	Word, or PDF	Para 7

Annual Reports

Report Description	Distribution	Format	PWS Reference
<u>Performance Improvement of Processes & Outcomes</u> The contractor shall collect data on important processes and outcomes related to patient care and organizational functions and provide to the COR as required.	COR Semi-annual	Word, or PDF	Para 10
<u>Certification of required training and current license verification</u>	COR	Copy of training and/or licenses	Para 11, 16