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Home Healthcare Inspection – Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	Remarks
5.	Standard One: Registration And Licensure Procedures			
5.5.	The Home Healthcare facility's license shall be publicly posted at the organization's central administrative office or main facility.			
6.	Standard Two: Health Facility Requirements			
6.4.	The Home Healthcare Service provider shall maintain accurate and complete personnel records for all employees, including training records. Such records shall be maintained and kept confidential.			
6.6.	The home healthcare facility shall ensure healthcare professionals' safety and shall be responsible for arranging transportation for them to conduct home visits.			
6.8.	The health facility shall provide documented evidence of the following, but not limited to:			
6.8.1.	Transfer of critical/complicated cases when required			
6.8.3.	Clinical laboratory services			
6.8.4.	Equipment maintenance services			
6.8.5.	Medical waste management as per Dubai Municipality (DM) requirements			
6.9.	The health facility must maintain a charter of patient rights and responsibilities posted at the entrance of the premises in two languages (Arabic and English).			
7.	Standard Three: Healthcare Professionals Requirements			

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7.1.	All home Healthcare professionals engaged in delivering Home Healthcare services shall be Licensed and registered with the DHA.			
7.2.	Home Healthcare Service provider shall have a medical director who shall act as a supervisor over the professional staff, be responsible for the services provided in the home healthcare facility and establish the services' policies and procedures.			
7.4.	Home healthcare facilities shall employ a minimum of one physician and one registered nurse.			
7.5.	Facilities offering home healthcare services as an additional service shall ensure that their staffing levels are adequate to meet the demands of both in-facility and home- based care, while maintaining consistent service quality and patient care across both settings.			
7.7.	Home healthcare services may be provided by a multidisciplinary team of healthcare professionals, including but not limited to the following:			
7.7.3.	Nursing (only Registered Nurses and Assistant Nurses). RN to AN ratio shall be 1:3			
7.8.	All healthcare professionals must provide care to patients in the Home Healthcare facility within their scope of practice.			
7.9.	Maintaining a consistent line of communication and oversight between registered nurses (RNs) and assistant nurses (ANs) is the main objective of monitoring to ensure patients receive quality care.			
7.10.	Methods and frequency of Monitoring:			
7.10.1	Verbal/Virtual Monitoring			
a.	Daily or frequent check-ins: RNs should establish consistent communication with ANs through phone calls or virtual platforms. This should occur daily or at a frequency aligned with the patient's acuity level and care needs.			
b.	Use of Telehealth: Video conferencing, messaging platforms, telemonitoring, mobile devices, or dedicated healthcare apps			

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	should be employed for real-time communication, documentation tracking, and remote patient monitoring.			
7.10.2.	In-Person Supervision			
a.	Scheduled visits: RNs shall conduct in-person visits to the patient's home at least once weekly for patients requiring moderate-to- intensive care and biweekly for lower-acuity patients. These visits should include a review of the care provided, patient assessments, and performance evaluation of the AN.			
7.11.	Frequency of Monitoring:			
7.11.1	Monitoring frequency is determined by patient care complexity, agency policy, and regulatory standards. The following serves as a guideline for frequency:			
a.	Higher-Acuity Patients (complex medical conditions or post- surgical care):			
i.	Verbal/Virtual Check-ins: Daily			
ii.	In-Person Visits: Weekly			
b.	Lower-acuity patients (routine care and assistance with daily activities):			
i.	Verbal/Virtual Check-ins: Weekly or biweekly			
ii.	In-Person Visits: Biweekly or monthly			
8.2.	Patient Assessment and Care Planning			
8.2.1.	A qualified physician must assess the patient face-to-face before any home healthcare services can take place.			
8.2.2.	Medical care plans shall be developed in consultation with the treating physician and collaboration with the interdisciplinary team of the Home Healthcare Service.			
8.2.3.	An appropriate comprehensive medical history, physical examination, and assessment of the level of impairment, medications, and drug allergies shall be conducted, as well as an assessment of the impact of the condition on their activities of daily living (ADLs).			
8.4.	Discharge, Referral, and Follow-Up.			

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8.4.1.	Home care facilities develop and implement discharge plans and referral processes based on patient readiness.			
8.4.2.	Per the patient's care plan, the home healthcare team should have an MOU or collaboration with a hospital for emergency transfer, providing services (e.g., admission or radiology) and referral.			
8.4.5.	Home Healthcare Service Providers should ensure that the discharge of patients meets the following criteria and complete the "Homecare Discharge Plan" documentation:			
a.	The established goals and objectives for care have been met.			
b.	The patient, family, or legal guardian refuses services or no longer desires services.			
c.	The patient's condition has changed, and the provider's resources are such that the required care or services are beyond the scope, type, or quantity that the provider can provide.			
d.	The patient has left the provider's service area.			
e.	The patient, family, or legal guardian is no longer able or willing to cooperate with the established Care Plan.			
f.	The patient's referring physician will not initiate or renew home health orders.			
g.	The patient's home environment will not support services.			
h.	The patient requires hospitalization.			
8.5.	Emergency Management			
8.5.4.	Home healthcare service providers shall provide an emergency kit per DHA emergency medication policy in standalone outpatient categories.			
8.5.5.	Establish a clear process for documenting and reviewing all emergency incidents to improve future response and management.			
9.	STANDARD FIVE: PATIENT SAFETY			
9.1.	Medical health record			
9.1.2.	A list of all patients under the facility home care (active and non-active) shall be maintained in the facility office.			

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9.1.3.	Home healthcare facilities should maintain an electronic medical report/Nabidh system for patient documentation as per the DHA Policy for Health Data Quality with the following but not limited to			
a.	Patient Identification Data: All relevant identification information.			
b.	Vital Signs and Assessments: Documentation of vital signs and clinical assessments during each home visit.			
c.	Medical History: A comprehensive record of current and past illnesses, surgeries, allergies, and family history.			
d.	Medication Documentation: Detailed records of all prescribed medications, including dosage, route of administration, and frequency.			
e.	Care Plan: A detailed care plan, including goals, interventions, expected outcomes, and any changes with documented rationale.			
f.	Risk Assessments: A section for documenting risk assessments (e.g., falls, pressure ulcers) and associated management plans.			
g.	Physician Orders: All prescribed orders from the primary treating physician shall be signed and incorporated into the patient's health record.			
h.	Consent Forms: A copy of the signed general consent form, with regular updates as necessary.			
i.	Communication Records: Documentation of any communication with the patient, family, or other healthcare providers.			
j.	Referrals and Reports: Copies or summaries of any referrals, consultations, or specialist reports.			
k.	Discharge Summary: Upon termination of home health services, a detailed discharge summary shall be prepared and included in the patient's health record.			

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9.1.4.	Medical records shall be documented electronically within 24 hours of the patient's visit and authenticated by electronic or computer-generated signature.			
9.2.	General and Informed consent			
9.2.1.	The home healthcare provider shall obtain signed general consent from the patient before beginning home healthcare services.			
9.2.2.	The general/ informed consent shall be signed by the patient or the patient's legal guardian or substitute consent giver upon receiving home health care.			
9.2.3.	In the event that a patient does not have the total capacity (e.g., is less than 18 years of age or is not oriented), general/ informed consent shall be obtained from a relative up to the fourth degree.			
9.2.4.	A copy of the general/ informed consent shall be maintained in the patient's health record and be available for review by DHA inspectors at all times.			
9.2.5.	Informed patient consent shall be written and include the following:			
a.	Nature and purpose of the treatment.			
b.	Expected benefits and potential risks.			
c.	Alternatives to the proposed treatment include the option of not receiving treatment.			
d.	Potential consequences of refusing treatment.			
e.	Patient rights and responsibilities.			
f.	Specialized consent forms are required for specialized services like dialysis, IV therapy, etc.			
10.	STANDARD SIX: IN-HOME RENAL DIALYSIS SERVICES			
10.3.	All patients shall receive a nephrologist consultation and approval before starting a home dialysis program.			
10.4.	The Home Healthcare Service provider shall support patients with a dedicated team, including nephrologists,			

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	technicians, and nurses, ensuring rapid access to in-home dialysis.			
10.5.	All in-home renal dialysis services must maintain an electronic medical report/ Nabidh that includes comprehensive documentation of all procedures.			
10.6.1	Stable end-stage renal disease (ESRD): The patient must be diagnosed with ESRD and have a prescription for dialysis.			
10.6.3	Absence of sever comorbidities: Patients with uncontrolled cardiovascular disease, respiratory failure, or active infections might not be suitable for home dialysis.			
10.6.5	Peritoneal Access: For peritoneal dialysis, the patient needs a functional peritoneal catheter.			
10.6.6	Cognitive and Physical Ability: Patients should have the mental and physical capability to perform dialysis or have a trained caregiver who can assist them.			
10.6.8	The home healthcare services shall not be provided to the following groups:			
a.	Pregnant patients.			
b.	Patients with a history of drug or alcohol abuse.			
c.	Patients with metabolic disorders, or morbid obesity.			
d.	Patients with extreme ages (over 80 years old).			
10.7.	All nurses in charge must be either a DHA-licensed Dialysis Nurse or a registered nurse (RN) with adequate nephrology training and a minimum of two (2) years of experience in renal dialysis services. The nurse shall possess competencies in:			
10.7.1	Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).			
10.7.2	Insertion of intravenous (IV) lines.			
10.7.3	Medicine preparation and administration, including understanding the pharmacology of the agents administered.			
11.	Standard Six: In-Home Dental Services			

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11.1.1	Dental facilities licensed by the DHA can provide in-home dental care.			
11.1.3	The Dental facilities should have at least 3 full-time licensed dentists.			
11.1.4	In-house sterilization services should be available at the clinic.			
11.2.1	Home healthcare visits should always be accompanied by at least one dentist and one dental assistant or nurse.			
11.3.	Criteria for Providing In-Home Dental Services			
11.3.1	Dental Equipment Availability: Ensure essential, portable equipment is accessible.			
11.3.4	Patients' Medical Conditions: Consider medical history and health for treatment suitability.			
11.3.5	Home Safety: Assess home safety and hygiene before treatment.			
11.3.6	Treatment Limitations: Define in-home treatment limits and establish referral protocols.			
11.4.	Types of in-home dental services			
11.4.1	Dental Examination and Assessment: Full oral health assessment, including examination of teeth, gums, and soft tissues.			
11.4.2	Medical Prescription: Prescription of dental medications, such as pain relievers, antibiotics, and anti-inflammatory drugs, where necessary.			
11.4.3	Temporary Dressings and Simple Fillings: Treatment of cavities or dental damage with temporary solutions using portable dental equipment.			
11.4.4	Scaling and Polishing: Non-invasive cleaning of teeth to remove plaque and calculus.			
11.4.5	Oral Hygiene Advice: Personalized oral hygiene guidance tailored to the patient's condition and limitations.			
11.4.6	Fabrication of Dentures and Related Treatments: Taking impressions for dentures and delivering/adjusting them.			

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11.4.7	Simple Teeth Extractions (Low-Risk Cases): Removal of mobile or easily extractable teeth with minimal complication risk.			
11.5.	Dental Equipment Requirements			
11.5.2	Each patient shall have access to a set of dental equipment designed for single-patient use to prevent cross-contamination.			
11.5.3	All instruments shall be sterilized in a certified facility prior to the home visit, and sterile instruments should be transported in sealed, sterile packaging.			
11.5.5	Dentists shall follow strict infection control protocols, including hand hygiene, use of personal protective equipment (PPE), and proper disinfection of the treatment area.			
11.5.6	Dentists shall carry basic emergency equipment (e.g., oxygen, emergency medications) and be trained in first aid and basic life support (BLS).			
11.6.	Limitation and exclusion			
11.6.1	Complex procedure: Procedures involving advanced surgical techniques, root canal treatments, and multiple extractions with a high risk of complications are not permitted during in-home visits and should be referred to a clinic or hospital setting.			
11.6.2	Specialist Treatment: Treatments requiring the expertise of specialists (e.g., orthodontics, complex prosthodontics, endodontics, or oral surgery) must be conducted in a fully equipped dental facility.			
11.6.3	Cosmetic dental services and veneers shall not be offered in a home setting			
11.6.4	Radiographic limitation: Full-mouth radiographic examinations, CBCT scans, or radiographic techniques cannot be performed during home visits.			
12.	Standard Eight: Telehealth Services			

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12.2.	All teleconsultation sessions should be fully documented in the patient's medical record, including the consultation's nature, advice, diagnosis, treatment plan, and any follow-up actions.			
12.3.	Teleconsultation services shall:			
12.3.3	Ensure patient identification, authentication, verification, and consent.			
13.	Standard Nine: Infection Control			
13.6.	The infection control program shall support safe practices and ensure a safe environment for customers, healthcare workers and visitors.			
14.	Standard Ten: Medication Management			
14.4.	Physicians and registered nurses (RNs) are responsible for preparing and administering medications in home healthcare settings. On the other hand, Assistant nurses support and facilitate the RN's role in safely administering medications under supervision.			
14.6.	All medications shall be clearly labelled with the patient's name, medication name, dose, instructions, and expiration date.			
14.8.	Medications should be recorded in the patient's medical record every time they are administered.			
15.	Standard Eleven: Medical Equipment Management			
15.1.	All medical equipment used in home healthcare services shall be approved by the MOHAP.			
15.2.	Home healthcare facilities must have a comprehensive plan for the maintenance and management of medical equipment that include but are not limited to:			
15.2.1	Equipment acquisition and selection.			
15.2.2	Equipment tagging and inventory management.			
15.2.3	Breakdown and preventive maintenance.			
15.2.4	Safety testing and performance evaluation.			
15.2.5	Medical device recalls procedures.			
15.2.6	Handling of compressed gases.			

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15.4.	Home healthcare facilities should ensure that all equipment is tested for operation and safety prior to use and that records of testing are documented with a date for re-testing.			
15.5.	Home healthcare facilities should ensure that staff receive training for new equipment and devices used in care.			

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