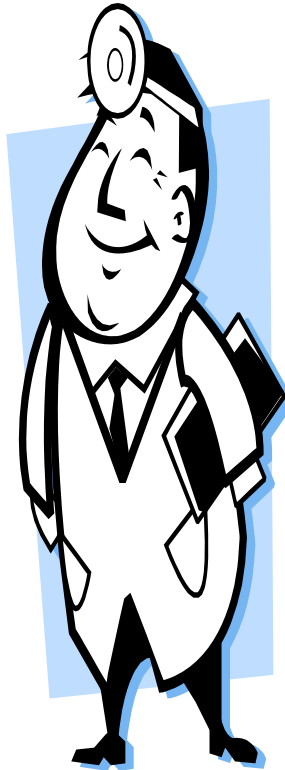
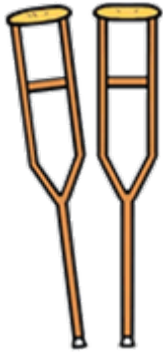




Monitoring Healthcare 2009



TRAINING OBJECTIVES

after completing this training session the participant will be able to:

- demonstrate knowledge of the rules pertaining to health care
- demonstrate the ability to monitor for compliance in this rule area.

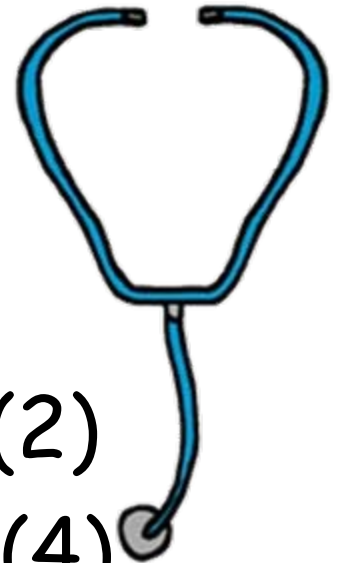


Planning & Preparing to Monitor

- Review rule areas
- Gather in office information
 - review previous monitoring reports, incident reports & check with the enhanced care worker
- Gather monitoring materials

Fundamental Health Care Rules

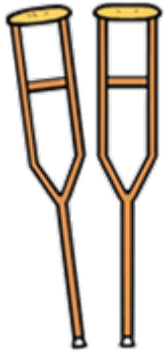
- 10A NCAC 13F/G .0902 (a)
- 10A NCAC 13F/G .0902(b)
- 10A NCAC 13F/G .0902(c)(1)(2)
- 10A NCAC 13F/G .0902(c)(3)(4)
- 10A NCAC 13F/G .0902(d)(1)(2)





Monitoring Healthcare

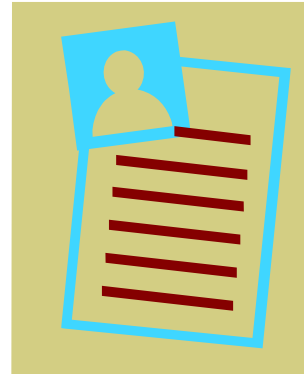
- Observations
- Interviews



- Record Review
 - FL-2s
 - MARs
 - DMA 3050-R
 - Progress Notes
 - Hospital Records
 - Home Health Notes
 - PT & OT Notes

10A NCAC 13F/G .0902 (a) Healthcare

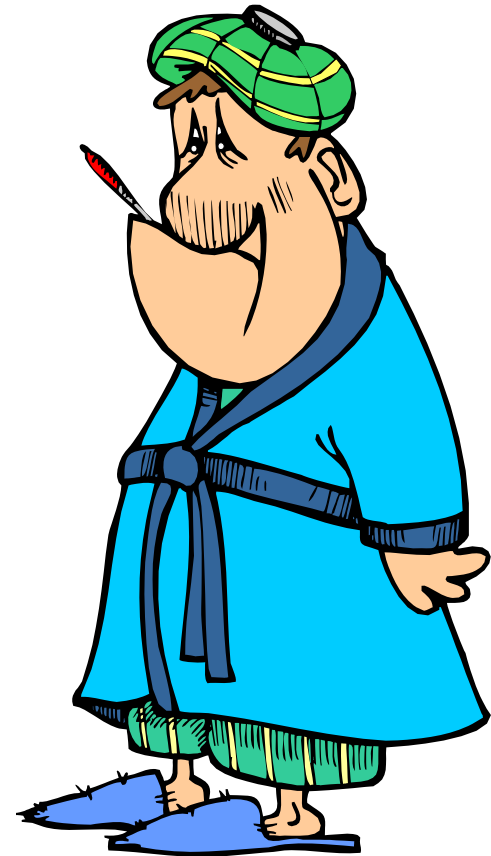
- An adult care home shall provide care and services in accordance with the resident's care plan.



10A NCAC 13F/G .0902(b)

Health Care

- The facility shall assure referral and follow up to meet the routine and acute health care needs of residents.



Routine Health Care Needs

- Lab work
- Dr's appointments
- Referrals to mental health, PT, OT, podiatry





10A NCAC 13F/G .0902(c)(1)(2)

Health Care

- The facility shall assure documentation of the following in the resident's record:
 - Contacts with the Resident's physician, physician service, other LHP including mental health when illness or accidents occur and any other facility contacts with an MD or LHP regarding resident care.

10A NCAC 13F/G .0902(c)(1)(2)

Health Care

- All visits of the resident to or from the resident's MD, MD service, or other LHP, including mental health, of which the facility is aware





10A NCAC 13F/G .0902(c)(3)(4)

- Documentation of written procedures, treatments or orders from a physician or other LHP and
- implementation of procedures, treatments, or orders



10A NCAC 13F/G .0902(d)(1)

10A NCAC 13F/G .0902(d)(2)

- The resident or responsible person shall be allowed to choose a physician or physician service to attend the resident.
- Ensuring that another physician is secured within 45 days when they are no longer able to remain under the care of their MD



Next Steps

- conduct entrance conference with administrator or SIC
- explain purpose of visit
- request contact person
- request specific information (resident roster), staffing schedule,
- quiet place to work
- approximate length of visit



Next Step

- tour facility and choose most appropriate residents for sample, observe residents & staff
- record review:
FL-2s, MARs, DMA 3050-R, Progress Notes, Hospital Records, Home Health Notes, LHPS Reviews



Monitoring Health Care

- Record Review
 - What have you read?
- Interview
 - What have you heard?
- Observation
 - What have you seen?
- Analysis?
 - Is there a problem?
 - What is causing the problem?
 - What impact does it have on the Residents?



Putting it all together...

- Have you used all appropriate methods of investigation?
- Do you have all the necessary information?
- Is your sample sufficient and well chosen?
- Did you find rule deficiencies?
- What is the scope and severity of your findings?
- What impact does it have on the Residents?



Final Steps

- Exit
- Appropriate reports
- Follow Up

OPTIONAL

This Check list has been developed as a tool to evaluate and monitor areas pertaining to the Health Care rule in Adult Care and Family Care Homes. Licensure regulations for adult and family care homes have been referenced for the items that are specifically rule based. Items on the checklist that are recommendations that may prevent problems from developing do not have a licensure regulation referenced.

10A NCAC 13F/G .0902 HEALTH CARE

- (a) An adult care home shall provide care and services in accordance with the resident’s care plan.
- (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.
- (c) The facility shall assure documentation of the following in the resident’s record:
 - (1) facility contacts with the resident’s physician, physician service, other licensed health professional, including mental health professional, when illnesses or accidents occur and any other facility contacts with a physician or licensed health professional regarding resident care.
 - (2) all visits of the resident to or from the resident’s physician, physician service or other licensed health professional, including mental health professional, of which the facility is aware.
 - (3) written procedures, treatments or orders from a physician or other licensed health professional; and
 - 4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule
- (d) The follow shall apply to the resident’s physician or physician service
 - (1) The resident or the resident’s responsible person shall be allowed to chooses a physician or physician service to attend the resident.
 - (2) When the resident cannot remain under the care of the chosen physician or physician service, the facility shall assure that arrangements are made with the resident or responsible person for choosing and securing another physician or physician service within 45 days or prior to the signing of the care plan as required in Rule .0802 of this Subchapter.

	Yes	No	Comments
1. The facility provides care and services in accordance with the resident’s care [;am 10A NCAC 13F/G .0902(a)			
2. The facility assures referral and follow up to meet the routine health care needs of the resident 10A NCAC 13F/G .0902(b)			
3. The facility assures referral and follow up to meet the acute health care needs of the resident 10A NCAC 13F/G .0902(b)			

OPTIONAL

	Yes	No	Comments
<p>4. The facility documents the following in the residents record: 10A NCAC 13F/G .0902(c)</p> <ul style="list-style-type: none"> • Facility contact with the resident’s physician, physician service or other licensed health professional regarding resident care • Facility contacts with the resident’s physician, physician service or other licensed health professional when illness/ accidents occur • Documentation of all visits of the resident to or from the resident’s physician, physician service, or other licensed health professional of which the facility is aware • Documentation of written procedures, treatments or orders from a physician or other licensed health professional • Implementation of procedures 			
<p>5. The follow shall apply to the resident’s physician or physician service: 10A NCAC 13F/G .0902(d)</p> <ul style="list-style-type: none"> • The resident or the resident’s responsible person was allowed to choose a physician or physician service to attend the resident • If the resident cannot remain under the care of the chosen physician or physician service, the facility shall assure that arrangements are made with the resident or responsible person for choosing and securing another physician or physician service within 45 days or prior to the signing of the care plan 			
<p>6. There is a system in place to assure care plans are current and reflect the resident care needs</p>			
<p>7. There is a system in place to identify residents requiring lab work</p>			

OPTIONAL

	Yes	No	Comments
8. There is a system in place to assure residents lab work is drawn			
9. There is a system in place to assure follow up appointments are kept			
10. There is a system in place to receive and carry out new orders			
11. There is a system in place to assure treatments are done as ordered.			
12. There is a system in place to assure FSBS are done as ordered			
13. There is a system in place to assure weights are done as ordered.			

OPTIONAL FORM

MEDICAL APPOINTMENTS

NAME OF RESIDENT	NAME OF PHYSICIAN, LAB, HOSPITAL, ETC.	DATE AND TIME OF APPOINTMENT	PAPER WORK SENT WITH RESIDENT	INITIALS OF STAFF
		Date: Time:		
		Date: Time:		
		Date: Time:		
		Date: Time:		
		Date: Time:		
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