

SUBJECT: ASSESSMENT	REFERENCE #2006
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- A Registered Nurse will complete a comprehensive initial assessment of patients' needs within 48 hours of:
 - The time of the referral;
 - The patient's return home;
 - The physician ordered start of care, except in those instances where the physician has ordered only therapy services.
- The comprehensive assessment includes:
 - A core standard assessment set (OASIS) for adult nonmaternity patients;
 - A comprehensive review of prescribed and over-the-counter medications, including:
 - Potential/actual drug interactions;
 - Duplicative drug therapy;
 - Potential adverse effects;
 - Significant side effects and adverse effects;
 - Noncompliance with drug therapy.
- If the physician orders only therapy services, the initial comprehensive assessment may be completed by an appropriate rehabilitation skilled professional (physical therapist or speech-language pathologist/speech therapist).
- A proposed plan of care, based upon assessment findings, is developed and discussed with the patient and/or significant other.
- The patient and family/caregiver will be evaluated for knowledge of and instructed about the patient's condition/disease process, proposed care, potential benefits and effects and costs, if any, to be borne by the patient or family for care or services.

NURSING DIAGNOSIS

Patient Name: _____ HC#: _____

1. Activity Intolerance 2. Bowel Elimination, Alteration 3. Urinary Elimination Alteration 4. Altered Cardiac Function 5. Comfort Altered 6. Coping: <input type="checkbox"/> Patient <input type="checkbox"/> Caregiver 7. Skin Integrity Impairment 8. Social Isolation	9. Fluid Volume Alteration 10. Home Maintenance Impaired 11. Inconsistent Therapeutic Follow -Through by: <input type="checkbox"/> Patient <input type="checkbox"/> Caregiver 12. Infection: <input type="checkbox"/> Potential <input type="checkbox"/> Actual 13. Injury: <input type="checkbox"/> Potential <input type="checkbox"/> Actual 14. Mobility Impaired	15. Knowledge Deficit RT: ____ <input type="checkbox"/> Patient <input type="checkbox"/> Caregiver 16. Metabolic Disturbance 17. Nutritional Alteration 18. Respiratory Function Altered 19. Self-Care Deficit 20. Sensory-Perceptual Altered	21. Sleep Pattern Disturbance 22. Thought Process Alteration 23. Medication Compliance 24. Other: _____ _____ _____
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Intervention/Disease Specific Assessment	Response to Intervention	Outcome
Patient Responding to Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	Patient Remains at Risk for: _____	Discharge Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No Discussed With: <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Caregiver <input type="checkbox"/> MD

DISCIPLINES

Referrals Made: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> RT <input type="checkbox"/> HHA <input type="checkbox"/> MSW <input type="checkbox"/> Chaplain <input type="checkbox"/> Community Resources: _____	Current Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> RT Frequency: _____	Therapist Following Plan of Care? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Relationship With: Patient Family <input type="checkbox"/> Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Poor
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SUPERVISION OF HOME HEALTH AIDE

Name of HHA: _____	<input type="checkbox"/> Not Appropriate <input type="checkbox"/> With Aide <input type="checkbox"/> Without Aide	Frequency of Visits: _____	Following Plan of Care: <input type="checkbox"/> Yes <input type="checkbox"/> No
Activities Observed: _____ _____ _____	Relationship With: Patient Family <input type="checkbox"/> Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Poor	Plan: <input type="checkbox"/> Continue HHA at Present Frequency <input type="checkbox"/> Increase Frequency of HHA <input type="checkbox"/> Decrease Frequency of HHA <input type="checkbox"/> Discharge HHA/Date _____ Freq: _____	
RN Instructions & Observations: _____	Patient/Family Comments Regarding Care: _____	Changes in HHA Plan of Care: _____	
Contacted: <input type="checkbox"/> MD <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> MSW <input type="checkbox"/> ST <input type="checkbox"/> RT <input type="checkbox"/> HHA <input type="checkbox"/> Hospice <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dietitian <input type="checkbox"/> Clergy <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____	Orders: <input type="checkbox"/> New <input type="checkbox"/> Changed <input type="checkbox"/> None	Supplies Used: _____ _____	Supplies Ordered: _____ _____
Plan for Next Visit: _____			Next Visit Date: _____

Nurse Signature: _____

Title: _____ Date: _____

- Billable
- Nonbillable

Patient Signature: _____

SUBJECT: HOME ANTIMICROBIAL FIRST DOSE AND MANAGEMENT OF ANAPHYLAXIS	REFERENCE #3012
	PAGE: 1 OF: 4
DEPARTMENT: HOME HEALTH	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

The policy outlines the procedure and nursing responsibilities in the selection and care of clients receiving first dose antimicrobial in the home setting and management of anaphylaxis. Definition of terms:

- Adverse Reaction, often called side effect, is a predictable pharmacological effect that is either drug, non-drug or dose related.
- Allergic Reaction is a physiologic response to a specific antigen.
- Anaphylaxis is an acute, often fatal systemic reaction resulting from re-injection in a previously sensitized individual.

PROCEDURE:

- General Guidelines:
 - Generally the first dose of any IV antimicrobial must be administered under the supervision of a physician. A Registered Nurse will stay with the patient while the drug is infused. Where possible, the first dose is administered in the hospital prior to discharge to Home Health Services.
 - Adherence to all other existing candidate selection criteria for home antimicrobial therapy is essential and must include knowledge of patient's complete medical, drug and allergy history, as well as a family allergy history.
 - If the patient has a history of allergy to the prescription drug, it must be changed to an appropriate alternate to minimize risk of anaphylaxis.

Note: Prior exposure may have sensitized the individual; subsequent doses can elicit an allergic response.

- A physician's plan of treatment must include an order which states, "first dose of _____ to be administered in the home", the dose, route, rate of administration, any pretreatment or preinfusion lab work, emergency protocol, specific parameters for adverse drug reaction, postinfusion monitoring and physician's location and phone number during initial infusion.

SUBJECT: EMERGENCY PREPAREDNESS PLAN	REFERENCE #8021
DEPARTMENT: HOME HEALTH	PAGE: 1
	OF: 3
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

To outline a planned, coordinated strategy to ensure the safety and continuation of services to the Home Health Agency patients in the event of a disaster.

POLICY:

- All employees and patient of the Home Health Agency will be informed of the Emergency Preparedness Plan policy during their orientation or admission to the agency.
- The Home Health Agency Administration shall review and update the Emergency Preparedness Plan as needed, but no less than annually.

PROCEDURE:

- Active patient demographic and clinical data is updated on an ongoing basis.
- Personnel files are updated to reflect current information.
- Computer patient and personnel data is backed up daily.
 - The backed-up information is transported off-site for storage.
- The admitting nurse is responsible for identifying patients with special needs at the time of admission.
- The Case Manager/Clinical Supervisor is responsible for maintaining an updated and current log of patients with special needs.
 - The log shall be updated at least weekly and more frequently as needed.
- All patients will be assigned a priority code from 1-3 in accordance with the acuity of their status. That code will be documented in the upper right hand corner of the referral/intake form and on the log. Status is defined as follows:
 - 1 - The absence of daily skilled nursing intervention poses an immediate threat to life (i.e., ventilator-dependent without capable caregiver).
 - 2 - The absence of daily skilled nursing intervention does not pose an immediate threat to life (i.e., wound care).

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Case Manager

Supervised by: Director of Patient Care Services and
Clinical Supervisor

Prepared by: _____ Date: _____

Approved by: _____ Date: _____

Job Summary: A Registered Nurse who is responsible for planning, coordinating, providing and documenting care for a geographically assigned caseload of patients from day of admission through day of discharge. Utilizing physicians' orders and professional skills, the Case Manager RN develops and implements a home health plan that meets each patient's specific needs and is in compliance with JCAHO, federal and state regulations, reimbursement guidelines as well as agency policies and procedures.

DUTIES AND RESPONSIBILITIES:

E = Exceeds the Standard

M = Meets the Standard

NI = Needs Improvement

Demonstrates Competency in the Following Areas:

	<u>E</u>	<u>M</u>	<u>NI</u>
Performs admission assessment within 24 hours of referral or patient's return to his/her residence.	2	1	0
Develops a written plan of care for each patient in the assigned geographic caseload.	2	1	0
Provides skilled nursing care.	2	1	0
Adheres to all agency, payroll, billing and documentation policies and procedures.	2	1	0
Participates in agency's other mandated activities, i.e., inservices, UR/PI committee, staff meetings.	2	1	0
Knowledgeable of current federal, state and agency regulations concerning patient care.	2	1	0
Assesses patient's condition, initiates plan of care, re-evaluates and updates as necessary.	2	1	0
Obtains needed supplies and equipment to provide care.	2	1	0
Obtains all necessary physician orders and collaborates with physician as patient's needs dictate.	2	1	0
Initiates needed referrals to other disciplines and/or community resources.	2	1	0
Supervises Home Health Aides on an every other week basis.	2	1	0
Initiates case conferences to discuss multidisciplinary team responsibilities, patient progress, plans for continued care, new problems, etc.	2	1	0
Re-evaluates the need for continued care on an ongoing basis; initiates recertification as necessary.	2	1	0
Notifies the Intake Coordinator of patients who need to be seen on weekends or holidays and submits updated nursing care plan to the weekend/holiday nurse.	2	1	0
Establishes patient schedule and indicates which patients may be seen by a part-time RN when caseload prohibits Case Manager from seeing all scheduled patients.	2	1	0
Plans for discharge from the agency with the patient and caregivers. Makes referrals for alternative level of care if necessary.	2	1	0
Follows up with obtaining lab results and notifying physician of any significant results.	2	1	0