Standard of Care	Surveyor Notes	MET	NOT MET	NA

Nurse Interview

Agency/Region:

Nurse Interviewed:

Surveyor:

Date/Time of Interview: **Interview Format:** □**Telephone** □**In-Person**

Services (Circle those that the Agency provides):

- **2018 Living Care Arrangement: Supported Living – Family Living - Intensive Medical Living Supports - Customized In-Home Supports**
- **2018 Community Inclusion: Customized Community Supports – Community Integrated Employment Services**

Standard of Care	Surveyor Notes	MET	NOT MET	NA
Healthcare Coordination				
Describe your agency's approach to Healthcare Coordination. ***Surveyor Instruction**: All DD Waiver Provider Agencies have a role in healthcare coordination and are obligated to:* *1. review, update, and follow up accordingly regarding health-related information in Therap and as described in Chapter 20: Provider Documentation and Client Records.* *2. promptly participate in IDT meetings convened by the DD Waiver CM when there is:* *a. a change in health status,* *b. a health-related concern,* *c. concerns for health and safety, and/or* *d. an emergent risk to health and safety.* *3. follow requirements detailed in specific service sections of the DD Waiver Service Standards, which include service specific activities related to healthcare coordination.* *4. include nursing assessment and consultation in the ISP and on the budget when the person receives health related supports from non-related DSP who require training and oversight by a nurse.* *5. complete Individual Specific Training (IST) as described in Chapter 17.10 Individual-Specific Training on any subtle signs of change or acute conditions.* *6. take necessary steps to screen for aspiration risk and provide ARM supports as applicable and described in 5.5 Aspiration Risk Management.* *This is met if the nurse is able to describe their part in the above obligations.*	*Tag # 1A15 (CoP)*			

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How does your agency collaborate with other health professionals (including agency nurses where individuals are mutually served) to ensure continuity of care? ***<u>Surveyor Instruction</u>:*** *DD Waiver nursing is a community nursing service. Nurses in various service settings <u>must routinely and professionally communicate and collaborate</u> with one another for the benefit of the person's health and safety.* *1. When persons are served in multiple settings, nurses will communicate, collaborate and share e-CHAT assessment information and healthcare plans including a CARMP. Each nurse is responsible for creating and training plans pertinent to their service setting.* *2. The nurse will collaborate with the CM to support well planned discharges from hospitals or other OOHP; to support the person; to implement new orders and to review or revise assessments and plans as needed.* *3. When a person changes provider, it is the responsibility of both the existing and new provider to ensure that safe and appropriate planning takes place. For persons with health-related issues, nurses must attend or participate by phone in IDT meetings to develop a transition plan to address the exchange of health-related information, personal preferences and required documentation, training of staff, and moving logistics.* *4. When Hospice or Palliative services are utilized, DD Waiver Provider Agency nurses communicate and collaborate with the Hospice or Palliative team to develop new or edit existing HCPs and MERPs. These plans must reflect the person's condition, health or end of life plans made by the person/health decision maker/guardian. The plans are intended to support the person's decisions and provide clear guidance to the DSP regarding the steps to take to care for the person while in hospice or palliative care including who to contact in specific circumstances. The DD Waiver Provider Agency nurses are responsible for training the DD Waiver DSP on these plans and helping the DSP to support the wishes of the person and their guardian.* *This is met if the nurse is able to describe their processes for collaboration and it meets 1-2 of the requirements above.*	*Tag # 1A15 (CoP)*			
Do you attend the Annual ISP meeting or other IDT meetings? **If you are unable to attend an ISP or IDT meeting, how do you communicate needed medical information to the team?** ***<u>Surveyor Instruction</u>:*** *When appropriate, the nurse is a required member of the IDT and is required to attend IDT meetings, if they are not able to attend there must have a practice in place that allows for the nurse to give input in their absence. This is deficient if the nurse does not attend the IDT when required or does not give input written or otherwise when they are unable to attend in person. If nurse indicates input is given in writing ask for evidence.*	*Tag # 1A15 (CoP)*			

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Nursing Assessments				
What are the required timeframes for nursing assessments to be entered and approved in Therap? ***Surveyor Instruction:*** *Nursing Assessments (e-CHAT, ARST, MAAT) are required to be completed:* *a. within no more than three business days of admission or transfer to a new Provider Agency, or two weeks following the initial ISP or transition meeting, whichever comes first;* *b. at least 14 calendar days but no more than 45 calendar days prior to the annual ISP meeting;* *c. within three business days of a significant change of health status (change of condition); and* *d. upon return from any out of home placement (OOHP) including hospitalization, long term care, rehab/sub-acute admission or incarceration.* *This is met if the nurse can describe the above timeframes*	*Tag # 1A15 (CoP)*			
What is your agency's system to ensure nursing assessments (annual and change of condition) are completed within the required timeframes? ***Surveyor Instruction:*** *See question above for specific's on nursing assessment timeframes. For the is to be met, the agency nurse must be able to describe their agency's system for ensuring the above timeframes are achieved.*	*Tag # 1A15 (CoP)*			

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When are you required to screen for aspiration risk using the ARST? ***<u>Surveyor Instruction:</u>*** *This would be met if the nurse is able to indicate (a) and at least 3 areas in (b) of the following;* *a. annually, 45 - 14 calendar days prior to the annual IDT meeting;* *b. within three business days after:* *i. a significant change of condition, or* *ii. unplanned weight loss greater than or equal to 10% of body weight or 10 lbs. in the last six months, or* *iii. initiation of enteral feeding, or* *iv. following any hospital admission, and* *v. following outpatient treatment for aspiration pneumonia, and* *vi. transfer or admission to a new living support agency.*	*Tag # 1A15 (CoP)*			
Where are you required to document when an individual or their guardian, opts out of "Ongoing Adult Nursing Services", when the Individual resides with a biological Family Living Provider? ***<u>Surveyor Instruction</u>:*** *The narrative section of the e-CHAT Summary Sheet is used to document when persons, or guardians of persons, who reside with biological Family Living providers opt out of Ongoing Adult Nursing Services. These notes will indicate the reason why the nurse did not proceed with plans that are required or were to be considered based on the e-CHAT. This would be met if the nurse is able to indicate information on biological family opting out of required plans is put in the Narrative section of the e-CHAT Summary Sheet.*	*Tag # 1A15 (CoP)*			
Frequency of Nursing Visits				
What is the minimum, face-to-face home visit you are required to conduct based on the individual's aspiration risk? ***<u>Surveyor Instructions:</u>*** *The nurse is required to, at minimum, conduct a monthly face-to-face assessment of the individuals at high risk for aspiration and quarterly face to face assessment of the individuals at moderate risk. This assessment includes monitoring for signs and symptoms of aspiration and respiratory related illness and verifying that supports are being implemented as trained. This would be met if the nurse is able to indicate visits are required <u>monthly</u> for Individuals who are High Risk and <u>quarterly</u> for Individuals who are Moderate Risk Individuals.*	*Tag # 1A15 (CoP)* *High Risk: ___________* *Moderate Risk: _________*			

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What is the minimum, face-to-face home visits you are required to conduct based on the individual's e-CHAT acuity level? ***Surveyor Instructions:*** *The following is the minimum, face-to-face home visit schedule based on the person's e-CHAT acuity level that is required in all service settings except in IMLS and for JCMs:* *a. Low acuity – at least annually;* *b. Moderate acuity – at least semi-annually;* *c. High Acuity – at least once per quarter* *For JCMs, nurses are required to, at minimum, visit according to a combination of the person's e-CHAT Acuity level and the Aspiration Risk level. The required frequencies are:* (see table below) *For IMLS daily nursing visits are required.*	*Tag # 1A15 (CoP)* *High Risk: ___________* *Moderate Risk: _________* *Low Risk: ___________*			
Describe how your agency ensures face to face monitoring and oversight occurs at the required frequency? ***Surveyor Instructions:*** *The nurse is required to conduct face-to-face visits with individuals at the above frequency. The nurse should be able to describe their system to ensure visits occur at the required frequencies. For this to be met there must be a system in place to ensure nursing visits occur at the required frequencies.*	*Tag # 1A15 (CoP)*			

	Low eCHAT Acuity	***Moderate eCHAT Acuity***	***High eCHAT Acuity***
Low Asp Risk	*Semi annual*	*Quarterly*	*Monthly*
Mod Asp Risk	*Quarterly*	*Quarterly*	*Monthly*
High Asp Risk	*Monthly*	*Monthly*	*Monthly*

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On-Call Nursing				
Please describe your agency's on-call nursing procedures including required response times, when an on-site visit is required and documentation responsibilities. ***Surveyor Instructions:*** *a. An on-call nurse is required to be available to DSP. They must be able to respond within 15 minutes by phone and within 60 minutes in-person to assess the person if deemed necessary per prudent nursing judgment. b. The on-call nurse is required to make an on-site visit when information provided by DSP indicates, in the nurse's professional judgment, that there is a need for a face-to-face assessment to determine appropriate action. c. The on-call nurse is not obligated to make an onsite visit if, based on prudent nursing practice, they determine it is preferable to refer for immediate access to urgent care or ER. d. An LPN on duty or on-call must have access to their RN supervisor by phone in case consultation is required. e. On-call nurses are required to document the calls they receive, the actions they have taken or directed; to communicate with their agency peers and to follow up as needed on the person's status. This is met if the nurse is able to describe the agency's on-call nursing procedures and they follow requirements listed above.*	*Tag # 1A15 (CoP)*			
What is your agency's process for sharing health information related to issues/concerns that arise during on-call nursing to ensure appropriate Healthcare Coordination occurs? ***Surveyor Instructions:*** *e. On-call nurses are required to document the calls they receive, the actions they have taken or directed; to communicate with their agency peers and to follow up as needed on the person's status. This is met if the nurse is able to describe the agency's on-call nursing procedures and they follow requirements listed above.*	*Tag # 1A15 (CoP)*			
Based on the questions already asked, are there any other systems you have in place, that you would like us to be aware of? ***Surveyor Instructions:*** *This question is used as a wrap up, if the interviewee would like to share more information or show documents that outline how the agency functions it would be captured here.*				