Updates to the LTC FS Clinical Instructions

Module 6 - Health Related Services: Requires Nursing Assessment and Intervention

Updates to the LTC FS Clinical Instructions

- Updating the Clinical Instructions
  - Internal workgroup – OFCE, COP-W, CIP, ORCD, TMG
  - External Screen Consultation Group – MCOs, ADRCs, Waiver Agencies

- Content Changes
  - Expanded definitions
  - Additional clarification on when it is appropriate to select “Requires Nursing Assessment and Interventions” (RNAI).

RNAI Objectives: By the end of this section, you should be able to:

- Define the 4 criteria for checking “Requires Nursing Assessment and Intervention”

- Apply the rating system used with RNAI accurately and reliably. (This means that other screeners would select the same answer as you did.)

Tips for Completing the RNAI Section

- If a screener is unsure about how or when to mark RNAI, he/she should consult with their screen liaison and/or assigned state staff.

- CONSULT WITH A NURSE!
Choosing the Appropriate RNAI Rating

- RNAI is precisely defined for the LTC FS. Screeners are to follow the definitions precisely in order to select the most accurate level of help needed.
- Always select the answer that most closely describes the person’s need for help from another person – whether they are actually getting that help or not.

The frequency of help ranges are:
- 1 to 3 times/month
- Weekly
- 2 to 6 times/week
- 1 to 2 times/day
- 3 to 4 times/day
- Over 4 times a day

“Requires Nursing Assessment and Intervention (RNAI)”

Definition: Is marked to indicate a CURRENT, usually SHORT-TERM, HEALTH INSTABILITY that REQUIRES skilled NURSING ASSESSMENT by a registered nurse (RN) or nurse practitioner (NP), AND INTERVENTIONS to make or follow through on CHANGES in the medical treatment or nursing care plan.

“Nursing Assessment”

is the systematic collection and evaluation of data about the health status of an individual and the individual’s response to the current medical treatment and nursing interventions.

“Nursing Interventions”

are nursing activities such as administering skilled care; delegating tasks; adjusting the care plan; consultation and education of individuals, family members, and caregivers; consulting with physicians and other healthcare professionals; and providing psychosocial counseling.

“Nursing Care Plan”

- Includes nursing interventions, plus tasks delegated or assigned to others, plus recommendations regarding the individual’s health. In interdisciplinary models, it is not a separate document, but is part of the person-centered plan or Individual Service Plan (ISP).
- Refers to the nursing aspects of a person-centered plan. It does not include other activities like ordering supplies or general care management.
“Short-term”
- Means less than 90 days.

No Double Dipping
- **MOST** nursing assessments and interventions are captured in other rows of the Health Related Services (HRS) Table!
- The RNAI row is intended only for a small minority of cases in which nursing care is not captured elsewhere in the HRS Table.

The 4 CRITERIA FOR RNAI
*All 4 must be met!*
1. A **current** health **instability** that
2. requires skilled nursing **assessment and interventions**, **AND**
3. involves **changes** in the medical treatment or nursing care plan, **AND**
4. **cannot** be captured in other HRS rows.

Who’s Called and What’s Changed
- If person HAS in-home nursing services, RNAI criteria apply to those nurses’ assessments, interventions, & changes to nursing care plan.
- For people who do not currently have in-home nursing, RNAI criteria can be applied to changes in medical orders & clinic nurses’ interventions.

RNAI is generally a short-term need because:
- RNAI includes only those skilled nursing assessments and interventions that are needed to address a current health **INSTABILITY** requiring **CHANGES** to the medical treatment or nursing care plans.
- Nursing interventions are either effective over several weeks or months, or other plans must be established to ensure the individual’s safety and health.

RNAI Is Usually Short-Term
- If RNAI is checked for short term instabilities, a Change in Condition Screen is expected to be completed after the individual has stabilized.
ALMOST ALL needs for ongoing health-related or RN services can and must be recorded elsewhere on the HRS Table
- Especially Medication Management and/or Administration

Examples of RN services captured on OTHER rows of HRS Table
- 79-year-old on numerous medications for atrial fibrillation, congestive heart failure, hypertension, arthritis, and diabetes. Frail and unstable, with medication changes based on vital signs and comfort level. However, on-going nursing assessments are all related to her medications.
  - These are captured in the Medication Management row, not the RNAI row.

Examples of RN services captured on other rows of HRS Table (cont'd)
- Individual has a Stage 3 ulcer. RN does comprehensive wound care, which includes assessments and interventions concerning healing, nutritional status, fluid status, mobility, cognition, coping, etc.
  - All of this assistance is captured in the Ulcer Stage 3 row, not the RNAI row.

Examples of RN services captured on other rows of HRS Table (cont'd)
- If the individual is on oxygen or getting respiratory treatments any related nursing assessment and interventions of the oxygen level checks are captured under Oxygen or Respiratory Treatments, NOT the RNAI row.

Examples of RN services captured on other rows of HRS Table (cont'd)
- Dialysis treatments at a clinic include comprehensive nursing assessments 3 times/week. Check Dialysis, 2 to 6 days/week, not the RNAI row.

Check RNAI for a person who:
- Meets the 4 RNAI criteria, including an individual who:
  - Has a current medical or psychiatric instability that requires skilled nursing assessment, intervention, and changes in medical treatment or nursing care plan that are not captured in other rows of the HRS Table.
Check RNAI for a person who (con't):

- Meets the 4 RNAI criteria, including an individual who:
  - Was recently discharged from a hospital or nursing home, is weak and unstable, with new limitations and new medications, requiring nursing visits several times a week for assessments, care planning, and skilled nursing interventions. This individual has instabilities likely requiring changes to medical treatment or nursing care plan, at least for a few weeks, that go beyond Medications and other rows of HRS Table.

Do NOT check RNAI for a person who:

- Has other HRS Table rows checked recording all nursing assessment and interventions the individual needs, or
  - Has a cognitive impairment, but does not have an acute, unstable health condition requiring nursing assessments and interventions, or

Do NOT check RNAI for a person who:

- Does NOT have an acute, unstable health condition requiring nursing assessments and interventions
- Has a need for nursing interventions but without changes in the nursing care plan
- Has long-term "instabilities" but no changes in nursing care plan.
  - This includes people with an established plan of care ("standing orders") in place for a long-term instabilities.

Examples of long term instabilities without changes—i.e., "Standing Orders"

- PRN (as needed) medications or treatments for chronic pain or other chronic conditions.
- Sliding scale insulin (when each insulin dosage is adjusted based on the blood sugar test result).
  - Why:
    - These are "stable"—without changes in the care plan. (They don't meet Criteria #3.)
    - Check Medication Management and/or Medication Administration if appropriate.

Examples of long term instabilities without changes—i.e., "Standing Orders" (con'd)

- Group home staff administer PRN Valium for uncontrolled seizures, usually several times a month. The staff also record at the end of each shift whether seizures occurred or not. The PRN medication orders have not changed in several months.
  - Why:
    - These are "stable" standing orders, with no changes. (Doesn't meet Criteria #3.)
    - Check Med Administration 1-3 times a month for this.

Examples of long term instabilities without changes—i.e., "Standing Orders" (con'd)

- When the individual’s lower legs retain fluid, he/she is to elevate them for at least 30 minutes;
- When the individual becomes short of breath, caregiver will help them to use their oxygen as instructed.
  - Why:
    - These are "stable"—without changes in the care plan. (They don't meet Criteria #3.)
    - Check Oxygen row for help needed with that.
Do NOT check RNAI for a person who:

- Has personal care workers or others who perform delegated tasks that need nursing oversight and supervision; or
- Has nursing assessments only because they are routinely provided by the agency or residential care facility; or
- Has nursing care management activities;

Do NOT check RNAI for a person who:

- Has RN or NP participation on an interdisciplinary team; or
- Receives skilled nursing care provided in a clinic setting for dialysis, wound care, transfusions, or other services noted elsewhere on the HRS Table; or
- Has a history of skin breakdown and has an RN or NP check the integrity of their skin; or

Do NOT check RNAI for a person who:

- Needs data collection.
  Examples:
  - Documenting weights, blood pressure, heart rate, blood sugars, seizure activity, etc. almost always involves effectiveness, side effects, or adjustments of medications and is recorded in the Medication Management row of the HRS Table.

Do NOT check RNAI for a person who:

- "Needs data collection" examples cont’d:
  - The needed measurement of an individual’s fluid intake and output (I&O) is recorded in the “Other” row of the HRS Table, with description of the care needed added to the notes section;
  - Caregiver(s) documenting an individual’s health status, e.g., daily or at the end of each shift, is not recorded on the LTC FS.

Each of the following four criteria MUST be met for RNAI:

1. A current health instability that requires skilled nursing assessment and interventions, AND
2. involves changes in the medical treatment or nursing care plan, AND
3. cannot be captured in other HRS rows.

Phone Contact with Nurse

- Counts for RNAI IF and only IF ALL 4 RNAI CRITERIA ARE MET!
- Don’t count as RNAI because MOST calls with a nurse:
  - Do not require RN assessment & interventions, or
  - Don’t involve changes in care plan, or
  - Can be captured in other rows, or
  - Don’t recur frequently enough for HRS table
Nursing Contacts that Don’t Meet the 4 RNAI Criteria:

- **Periodic (e.g., monthly) assessments to “monitor.”**
  - **Why Not:**
    - They are not acute, short-term instabilities.
    - They do not require assessments & interventions.
    - They do not require changes in care plan.
    - They ARE captured in other rows on the HRS Table.
    - Monitoring of the effectiveness and side-effects of medications is captured under the Medication Management row.

Nursing Contacts that Don’t Meet the 4 RNAI Criteria:

- Long-term RN visits to educate and/or increase adherence to health recommendations.
  - **Why Not:**
    - They are not acute, short-term instabilities.
    - They do not require assessments & interventions.
    - They do not require changes in care plan.
    - They ARE captured in other rows of HRS Table.

Nursing Contacts that Meet the 4 RNAI Criteria:

- Short-term RN visits to educate and/or increase adherence to medical treatments or nursing care plan IF:
  - In response to acute instabilities
  - Require assessments & interventions
  - Require changes in care plan
  - Not captured in other rows of HRS Table
  - Ex: New or recently discharged, unstable, multiple needs, changes in care plan, not all captured in other HRS rows—short-term only, then Change in Condition Functional Screen

Long-Term Nursing Visits to Improve Compliance

- RN Interventions might count as Medication Management if they are effective in improving compliance
- RN interventions that improve compliance might count on specific tasks on HRS Table
- Dietary compliance/nutrition checks are not included on HRS Table

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