

Adult Long Term Care Functional Screen

Updates to the LTC FS Clinical Instructions

Module 6 - Health Related Services:

Requires Nursing Assessment and Intervention

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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).

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Updates to the LTC FS Clinical Instructions

- Format Changes
 - Items in each section:
 - Definition
 - Check this for a person who:
 - Do not check this for a person who:

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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.)

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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!

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Tips for Completing the RNAI

- For a person residing in a nursing home or residential facility, assess the person’s ACTUAL NEED for assistance, not just what’s provided by policy, etc.
- If a person has an identified need for RNAI, but for some reason is not receiving it, the screener should still capture the need for RNAI.

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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.

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Choosing the Appropriate RNAI Rating

- 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

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“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.

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“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.

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“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.

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“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.

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“Short-term”

- Means less than 90 days.

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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.

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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.

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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.

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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.

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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.

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- 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

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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.**

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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.

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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.

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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.

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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.

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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.

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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

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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.

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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.

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Examples of long term instabilities without changes— i.e., “Standing Orders” (cont'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.

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Examples of long term instabilities without changes— i.e., “Standing Orders” (cont'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.

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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;

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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

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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.

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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.

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

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.

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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

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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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Questions

