Monitoring Residential Documentation - Medical Supports

Presenters: Myles Maxey, ODDS Home and Community Monitoring Specialist and Toi Gibson, Multnomah County Program Specialist

Objective

Brief overview of monitoring Medical Supports in Residential Settings

WHAT YOU DO
EVERY DAY
MATTERS MORE
THAN WHAT YOU
DO EVERY ONCE
IN A WHILE.

WWW.LIVELIFEHAPPY.COM

Funding Authorities

OARs for Medical Services including Medication Administration

- 411-415-0090 (case management for I/DD)
- 411- 360- 0140 (AFH)
- 411-325-0120 & 0360 (24 hr settings)

Frequency of Monitoring

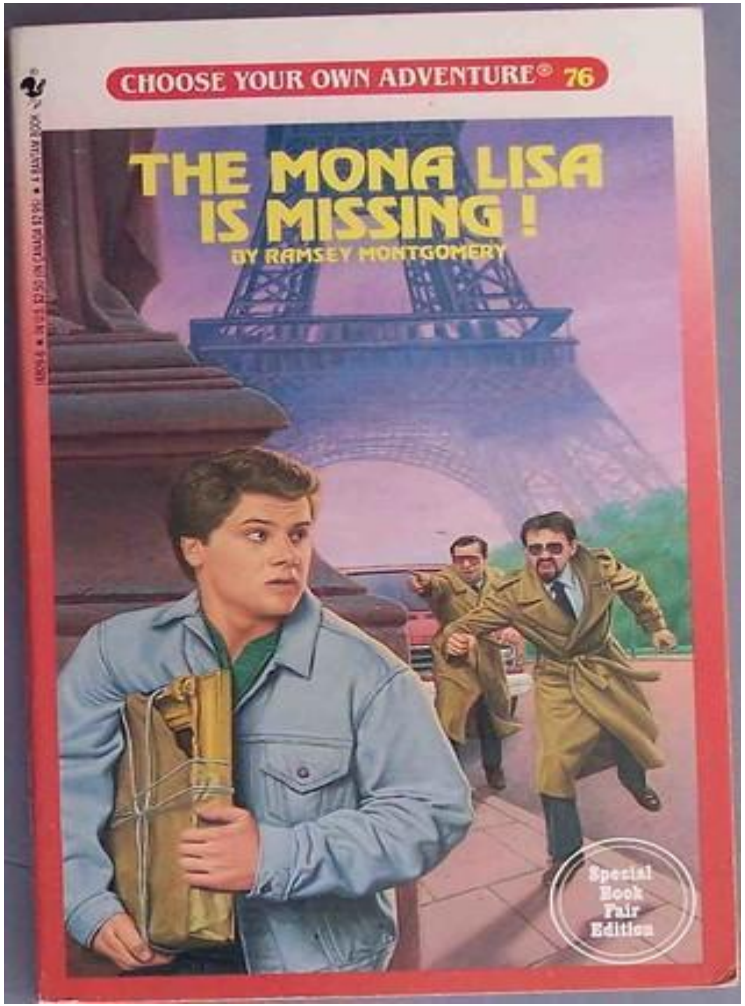
- Per OAR, at least 1x per year you must complete Medical Review checklist - 411-415-0090 (2)((j) **
- As directed by ISP
- As directed by IBL or other support document

Purpose of Monitoring

Purpose of Monitoring

Purpose of Monitoring

START


CHOOSE YOUR OWN ADVENTURE® 76
THE MONA LISA IS MISSING!
BY RAMSEY MONTGOMERY
Special Book Fair Edition

What medical supports are being provided?

- ISP
- RIT
- Provider Risk Management Strategies
- Protocols
- Nursing Plans

How the effectiveness of support is tracked

- MAR
- Physician Orders
- Data tracking
- Progress Notes
- Incident Reports

MAR

- Prescribed meds
- Vital Statistics i.e. Blood Glucose Levels (BGLS), weight, fluid intake, Bowel Movements
- Wound care - application of creams/condition of wound
- Other Treatments

MAR Monitoring

- There is a physician order for all medications and treatments.
  - Physician order can be completed by a DR, PA, RN or other licensed medical professional
- There should be no gaps in documentation
- All staff have signed the MAR
- All medications must come from one pharmacy.
- Look for expiration dates of Rxs

Physician Orders

- All treatments and medications must have an order from the doctor.
- There should be specific parameters for the care i.e. number of times per day, number of pills etc
- BIG NO NO are sliding scale of time or tabs - Why?
- Look for specific orders i.e annual psych med review, dental, eye, primary care, specialists, what is the frequency expected? Is it happening?

Data Tracking

- Some medical treatments/conditions have other tracking besides the MAR to monitor the effectiveness of the treatment
- This could be directed by a protocol or Nursing Care plan
- Examples:
    - Seizures
    - Temperature
    - weight management goals

Progress Notes

SC/PAs look at progress notes for many reasons. Specifically for medical care you are looking for:

- New conditions
- Changes in person’s typical state

Questions you should be asking

- Could this be medically related?
- Was there any follow up/follow through. . . .

Incident Reports

There are specific OARs regarding what would warrant an Incident report.

AFH - 411-360-0180 (15)(a-c)

24 hr group homes- 411-325-0120 and 0190 (2) (4) (a-c)

Incident Reports

When monitoring IRs for medical issues, questions to ask:

Was there follow up needed? Yes or No

If yes, did it happen and has the situation been resolved or is being resolved

If no, why and is that appropriate?

Does the ISP team need to meet to talk about preventative supports?

Is a SERT needed?

Specific Medication Monitoring

- Self Administration
- Psychotropic Medications
- Controlled Substances
- Disposal Records

Remember - This is about a PERSON!!

YOU'VE
GOT THE
POWER!

QUESTIONS???