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Owner:	<i>Alicia Oliver: Clinical Specialist</i> <i>OBRA/PASRR</i>
Policy Area:	<i>Medical</i>
References:	<i>NCQA QI 6 Element A</i>

Nursing Assessment Protocol

PROCEDURE PURPOSE

This policy establishes the standards and procedures to assure that nursing assessments are completed as appropriate to the needs of each person referred for services delivered through DWIHN provider networks. The goal of the nursing assessment is to assist the enrollee/member in achieving their optimal level of wellness through the delivery of nursing care that is consistent, continuous, individualized and outcome focused.

EXPECTED OUTCOME

That all persons being served in the following programs: Adult with severe mental illness (SMI), Children with serious emotional disturbance (SED), persons with intellectual and developmental disorders (I/DD), and persons with substance use disorders (SUD) engaging in services within the DWIHN network shall be screened for the need of nursing services, and when necessary, a nursing assessment will be completed by qualified professionals.

PROCEDURE

1. A Nursing Assessment (NA) shall be completed as an integral component of the assessment process for the development of the Individual Plan of Service (IPOS) when identified as indicated from the initial screening and/or biopsychosocial assessment. The NA will identify the need for ongoing nursing services, including :
 - a. Health education;
 - b. Training and assistance with psychotropic medications;
 - c. Identify treatment goals and further assessments needed, as well as general medicine recommendations (e.g. SUD Assessment, cancer screenings, diet and exercise, ...).
2. A NA must be completed within 14 days of the intake assessment if recommended by the biopsychosocial assessment.
3. Indicators that a NA is clinically indicated include:
 - a. Acute significant general medical conditions;
 - b. Multiple or complex chronic general medical conditions;
 - c. Health and safety risks; and

- d. Compliance difficulties with, or complications from psychotropic medications.
- 4. A NA completed within the last 30 days by a Michigan Community Mental Health-contracted provider which meets the above definition may suffice so long as the nurse reviews the content with the consumer/ supports, notes any concurrence or divergence from that content in the assessment documentation, and that evaluation is included in the current record.
- 5. There is no set time interval nor limit for nursing reassessments unless specified by a particular protocol, such as Assertive Community Treatment (ACT). Subsequent nursing assessments are indicated if:
 - a. The consumer/guardian requests a second opinion; or
 - b. The consumer formally notes disagreement with the findings, diagnoses and treatment recommendations of the most recent NA;
 - c. As clinically appropriate, including: a significant change in acute or chronic general medical conditions; significant change in medications, side effects, or medication compliance; or the presentation of health and safety risks such as falls or aspiration pneumonia.
- 6. Ongoing nursing services are scheduled as clinically appropriate and as mandated by the Michigan Department of Health and Human Services (MDHHS). Ongoing nursing services include:
 - a. Routine vital signs assessments for persons on psychotropic medications;
 - b. The administration of injectable medications;
 - c. Coordination of care between treating clinicians; and
 - d. Medication or lifestyle education groups.
- 7. The nurse, as a member of the enrollee/member's treatment team, will incorporate the nursing care plan into the individualized plan of service (IPOS) and will note a target date for the enrollee/member to achieve the goal. The enrollee/member's progress will be reviewed at regular intervals.
- 8. Nursing appointments are scheduled as clinically appropriate.
- 9. All levels of assessments must be documented legibly, in a timely fashion, and signed by the rendering clinician.
- 10. Assessments are expected to reference reviews of pertinent chart documents, including other behavioral health assessments, laboratory results, and records from other treating clinicians.
- 11. Self monitoring occurs at the provider level and DWIHN has the oversight responsibility to perform Quality Assurance and Monitoring.
- 12. Nurse professionals are expected to restrict themselves to their appropriate scope of practice

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	DWIHN Quality Performance Monitoring Unit
Department:	Quality
Frequency of monitoring:	Quarterly
Reporting provided to:	DWIHN, QISC, Administration
Comments: As a part of the standard monitoring of Case Records/Files, Quality teams at the Provider and DWIHN reviews to ensure the appropriate assessments are completed and included in the record. This procedure is associated with the Assessment Policy .	

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Smith: Project Manager, PMP	12/2020
Gail Parker	11/2020
Margaret Hudson-Collins: Medical Director	11/2020