

CareACT-Indiana State Law as of Jan 1 2016

Includes: *Inpatient Status {2T,3T,4T,5T,6T,7T,CCU,LDRP,MH,Peds(adult patients)}

Excludes: *Outpatient services (Cancer Center, LI, OPS, Endo, ED, BHC, CR, cathlab, radiology)

*The CareACT requirements should not interfere with or delay any medical care.

Requirements:

1. Hospital must offer patients the opportunity to designate a lay caregiver.

Who is a lay caregiver? Someone with whom the patient has a significant relationship and whom provides care to the patient in the patient's residence following discharge from the hospital. This care may include: assisting with basic ADLs, assisting with medical or nursing tasks such as wound care, assisting with administering medications, or operating medical equipment.

Who is not a lay caregiver? A home health aide or any other licensed health professional who provides care to the patient within a nursing facility or other licensed healthcare facility.

*The lay caregiver may or may not be the same as the healthcare representative (HCR). If the patient is unable to designate a lay caregiver, the HCR may choose to do so.

*The patient and/or the HCR may decline to designate a lay caregiver. This declination must be documented in the medical record. This change will live on these forms: Admission History Adult, Intake Assessment Mental Health Adult, OB Triage/Admission Assessment

The screenshot shows a medical software interface for 'Adult Patient History - CABINET, TEST ONE A'. The 'General Information' section is active. It contains several input fields and checkboxes. A red box highlights the question 'Do You Wish to Designate a Lay Caregiver?' with the following options: Yes, No, N/A-patient is a long term resident of a licensed facility, and Unable to determine. The 'Accompanied By' section has checkboxes for various family and social relationships. The 'Reason for Admission' section has checkboxes for medical and surgical reasons.

*If you choose 'unable to determine' on admission, a one-time task will fire in 12 hours- This will be a done/not done task.

60	12/15/2015	16:00	Pending	Pulse Oximetry
	12/15/2015	16:51	Pending	Follow up - Does the patient have a caregiver documentation

2. **Hospital must record certain information in the patient's medical record.**

If the patient and/or HCR designate a lay caregiver, the hospital must request a written consent in order to release medical information to that caregiver.

If the written consent is obtained, the hospital must enter the lay caregiver's name/address/ preferred contact phone number as well as relationship to the patient in the medical record.

If the patient or HCR declines to provide the written consent or the contact information/relationship, this declination must be documented in the medical record. At this point, the hospital has no further obligations to meet.

If the patient wants to designate a caregiver and yes is selected, the below screen will pop up for completion

Do You Wish to Designate a Lay Caregiver?
(A person that assists you with daily care in the home)

Yes
 No
 N/A-patient is a long term resident of a licensed facility
 Unable to determine

Patient Caregiver - CARENET, TEST ONE A

Patient Caregiver

Caregiver Name/Relationship	Preferred Address	Preferred Contact Number
<input type="text"/>	<input type="radio"/> Same as patient <input type="radio"/> Declines/unable to provide <input type="radio"/> Other:	<input type="radio"/> Same as patient <input type="radio"/> Declines/unable to provide <input type="radio"/> Other:

Written Consent to Release Medical Information

Yes
 No

A **verbal** release of medical information form should be used and will be included within the paper admission packets. Once signed by the patient, place this consent within the hard chart within the consents tab. If the patient/caregiver request hard copies of records, contact medical records at 376-5656.

3. **Hospital must develop an 'at home care plan' for patients who designate a lay caregiver.**
 If a lay caregiver is designated AND the written consent provided, the hospital is required to develop an 'at home care plan' that provides the patient and the lay caregiver with an understanding of the patient's need for assistance with certain health care tasks in the home. This 'at home plan' must include the contact information for either hospital personnel or patient's physician in case of questions/concerns post discharge.

'At home care plan'=
 Cerner discharge instructions + 'How do I care for myself at home'

4. **Hospital must engage in certain communications with the lay caregiver.**
 The hospital must attempt to contact the lay caregiver to provide discharge notification within a reasonable time prior to the pending discharge *if it is determined that the patient lacks the physical or mental capacity to notify their lay caregiver themselves.*
 The purpose of this contact and consultation is to prepare the caregiver for the patient's need for assistance as outlined in the 'at home care plan'.
 Discharge may not be delayed if unable to make contact with the caregiver.

When a discharge order is initiated AND a lay caregiver has been designated, then an order will be placed and a task will fire to trigger the discharge nurse to attempt to contact the lay caregiver of the pending discharge and provide instructions as appropriate.

	\$			Order Name
<input checked="" type="checkbox"/> Inpatient				
	60'		Attempt to Notify Caregiver of DC Needs	
000	12/15/2015	16:00	Pending	Pulse Oximetry
..	12/15/2015	16:32	Pending	Attempt to Notify Caregiver of DC Needs

Within the nursing discharge summary, documenting the attempt to contact the caregiver- this change will be seen on these forms: Nursing Discharge Summary, Nursing Discharge Summary MH, Nursing Discharge Summary Rehab

DC Information
 Education
 Discharge Check

Arrangements

Discharged To

- Assisted living
- Extended care facility
- Group home
- Home independently
- Home with day care
- Home with family care
- Home with home health
- Home with hospice
- Home with infusion therapy
- Law enforcement detention
- Psychiatric Unit
- Rehabilitation Unit
- Shelter
- Skilled Nursing Unit
- Inpatient Hospice Facility
- AMA
- Other

Home Treatments

- Apnea monitoring
- BPAP
- Blood glucose monitoring
- CPAP
- IV therapy
- Mechanical ventilation
- Nebulizer treatment
- Oxygen therapy
- TPN
- Tube feeding
- Wound care

Devices/Equipment

- Adaptive equipment for dressing clothes
- Adaptive equipment for personal hygiene
- Apnea monitor
- BPAP unit
- Blood glucose monitor
- Breast pump
- Cane
- Cardiorespiratory monitor
- Commode
- CPAP unit
- Crutches
- Cysthetherapy
- Eating utensils mod
- Elevated toilet seat
- Eye Pouch
- Hospital bed
- Hospital bed with i
- Incision/wound ru
- Infusion pump
- Infusion pump/sup
- Knee immobilizer
- Mechanical weakle
- Nebulizer
- Orthotic/Splint

Professional Skilled Services

- Audiologist
- Dietician
- Lactation Consultant
- Hearing
- Occupational Therapy
- Physical Therapy
- Primary Care Physician
- Respiratory Therapy
- Social Work
- Speech/Language Pathology
- Other

Special Services and Community Resources

- Adult Protective Services
- Child Protective Services
- Clergy
- Counseling
- Court order
- Discharge transportation
- First Steps
- Grief program
- Healthy Families
- Housekeeping
- Meal delivery/preparation
- Medicaid
- Pregnancy Care Center
- Restraining order
- Schooling
- Special Education
- S
- W
- O

Mode of Discharge

- Ambulatory
- Other
- Caried
- Car Seat
- Inmate
- Stretcher
- Wheelchair

Transportation

- Air ambulance
- Cab
- Ground ambulance
- Private vehicle
- Wheelchair van
- Other

Attempt to Contact Designated Caregiver

- Yes-successful
- Yes-unsuccessful
- N/A
- Other

In Progress

Nursing to document whether home caregiver present for session via nursing discharge summary- this is not new

DC Information
 Education
 Discharge Check

Patient Education

Responsible Learner(s)

Tahoma 9

Home Caregiver Present for Session

- Yes
- No

Barriers To Learning

- None evident
- Acuity of illness
- Cognitive deficits
- Cultural barrier
- Desire/Motivation
- Difficulty concentrating
- Emotional state
- Financial concerns
- Hearing deficit
- Language barrier
- Literacy
- Low health literacy
- Medication effects
- Memory problems
- Physical limitations
- Vision impairment