

Integrated Care Plan & Suicide Risk Assessment Audit Form

The audit of the Interdisciplinary Integrated Care Plan (ICP) and Suicide Risk Assessment is completed on an annual basis at each Personal Care Homes (PCH) and Transitional Care Unit (TCU) for awaiting placement residents.

Methodology

- Select a date in the month that works best for your site. Audit results are to be entered online into the Regional PCH Audit MS Teams spreadsheet by the identified date. Identify the date the ICP/Suicide Risk Assessment audit was last completed.
- Prior to selecting any health record to review, confirm the following:
 - ICP/*former* Suicide Risk Assessment Form was not previously audited. The date the ICP/*former* Suicide Risk Assessment Form was last audited is documented on the top of the ICP form.
 - ICP/*former* Suicide Risk Assessment Form is to be audited for residents who have been admitted for at least three (3) months.
 - ICP/*former* Suicide Risk Assessment Forms of residents admitted for respite are excluded from the audit
- Review the list of all new admissions in the twelve-month period since the audit was last completed. If there were admissions greater than 10% of the PCH population, randomly select enough charts to comprise 10% of the PCH population from those new admissions. (For example, if the PCH has 120 beds, and there were 12 new admissions over the past year, then all 12 health records would be audited. If there were 14 new admissions in that period, only 12 health records would need to be audited.) You must audit a minimum of 5 health records, or 10% of your total number of PCH beds to ensure a comprehensive review.
- If required, randomly select enough *additional* health records to ensure a sampling of 10% (minimum of 5) of all resident health records. For example, if there were two new admissions in the previous six-month period a minimum of three other ICPs/Suicide Risk Assessment Forms that have not been previously audited are to be reviewed.
- Reviews may be conducted by staff nurses, social workers, managers, or other team members as deemed appropriate by the site.
- **Bolded** measures for the ICP must be met, as these are required by Manitoba Health, Seniors & Long Term Care.

Documentation:

- Complete a separate form for each resident health record and ICP audited.
- Check the appropriate box (Yes, No, N/A) and include comments on areas of gaps and improvements made to meet the performance measures. All sections must be completed. If a section is left blank, that performance measure is not met (i.e. No). If Partial Assistance is checked, then there must also be an intervention to describe the care required. If no intervention is documented then the performance measure is not met (i.e. No)

Analysis & Follow-up:

- Site Leadership is to analyze their audit summary data and address any follow-up items at their site Quality Improvement Plans (QIPs)
- Site Leadership are to submit audit summary data to the Director of Health-Services PCH using the ICP Audit Summary Form.
- On an annual basis, regional audit summary data is to be collated, reviewed and analyzed by the Director of Health Services-PCH.

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Audit Date:		Record/Chart	
Dates when ICP/former Suicide Risk Assessment Forms last audited:	Date ICP Last Audited: _____ Date <i>former</i> Suicide Risk Assessment Last Audited: _____		
Site:			

		Yes	No	N/A	Comments
Admission Measures;					
1	Within 24 hours of admission required medications and treatments are documented				
2	Within 24 hours of admission required diet orders are documented				
3	Within 24 hours of admission assistance required with ADLs is documented				
4	Within 24 hours of admission required safety and security risks are documented				
5	Within 24 hours of admission allergies [& reactions] are documented				
6	ICP completed within 8 weeks of admission by an interdisciplinary team				
Totals					
Integrated Care Plan		Yes	No	N/A	Comments
All sections must be completed. If a section is left blank, that is not met (No). If Partial Assistance is checked, then there must also be a note to describe the care required. If no note, then that is not met (No)					
7	Available family, social network, friends and/or community supports				
8	Religious and spiritual preferences				
9	Whether or not the resident has made a health care directive				
10	Cognitive & mental health status				
11	Visual ability and required aides				
12	Hearing ability and required aides				
13	Language and speech, including any loss of speech capability and any alternate communication method used				
14	Emotional status and personality and behavioural characteristics				
15	Bathing				
16	Dressing				
17	Oral care				

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Integrated Care Plan		Yes	No	N/A	Comments
18	Skin care				
19	Hair care				
20	Fingernail care				
21	Foot care				
22	Rest periods, bedtime habits and sleep patterns				
23	Bladder function				
24	Bowel function				
25	Incontinence care products needed				
26	Food allergies				
27	Diet orders				
28	Type of assistance required with eating				
29	Exercise				
30	Mobility				
31	Transferring				
32	Positioning				
33	Rehabilitation needs				
34	Safety and security risks and any measures required to address them				
35	Special housekeeping considerations				
36	ICP outlines care goals and interventions that will be taken to achieve those goals				
37	Preferences for participating in recreational activities				
38	Therapeutic Recreation requirements (Goals)				
39	Any other needs the interdisciplinary team has identified				
40	Quarterly Care Plan review every three months by at least two disciplines on the same day				
41	Annual review completed by the interdisciplinary team				
42	Documentation of involvement of resident and/or alternate decision maker for the annual review				
43	Initial ICP maintained as part of the resident's permanent health record				

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Integrated Care Plan & Screening Tools		Yes	No	N/A	Comments
44	The Suicide Risk Screening Tool (CLI.6410.PL.021.FORM.01) is completed when a resident moves into the Personal Care Home.				
45	If the resident is identified as at risk for suicide, at any time , the Risk Assessment for Suicide Tool (RAST) (CLI.6410.PL.021.FORM.02) is completed.				
46	The resident is screened for depression risk quarterly using either the Geriatric Depression Scale (CLI.6410.PL.021.FORM.03) (no to mild cognitive impairment) or SIG-E-CAPS (CLI.6410.PL.021.FORM.04) (moderate to severe cognitive impairment).				
47	The resident who is at risk for suicide has a goal of care on the Integrated Care Plan regarding depression, altered well-being, suicide risk or other appropriate goal.				
48	The resident who is at risk for suicide has interventions (treatments and/or monitoring strategies) pertaining to the identified risk documented on the Integrated Care Plan.				
Totals					

Audit Completed by:	Signature:	Designation:
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The following is to be completed with/by the Site Lead or designate for all "No" responses:

Actions to be taken as noted below:

Included in Site Action Plan

Completed by:	Signature:	Designation:
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