



Name: Daffy Duck

DOB: 03-Dec-96

C. Individual Plan of Care

- 9. Master is developed within 4 days of any admission... Yes/no
10. Master is based on a diagnostic evaluation which includes medical exam, psychological, Social, behavioral, and developmental aspects of a patient... Yes/no
11. Individual Plan of Care lists all five Axis to include supporting documentation indicating need for admission... Yes/no
12. Medical problems are identified on Axis III and child is receiving appropriate care... Yes/no/N/A
13. Individual Plan of care includes:
a. Presenting Problems... Yes/no 1-4
b. Goals of treatment and specific objectives... Yes/no 1-4
c. Orders for all medications... Yes/no 1-4
d. Orders for diet... Yes/no 1-4
e. Orders for special procedures... Yes/no 1-4
f. Specific discharge and aftercare plans that are appropriate for the treatment... Yes/no 1-4
14. Is the IPC Signed and dated by interdisciplinary team members:
a. Signed and dated By interdisciplinary team physician... Yes/no
b. Signed and dated By interdisciplinary team LMPH... Yes/no
c. Signed and dated By interdisciplinary team Registered Nurse... Yes/no
d. Reviewed and signed by patient... Yes/no
e. Documentation shows collaboration with Parent/guardian... Yes/no
15. Documentation indicates milieu staff is implementing IPC ?... Yes/no 1-4
16. Is the progress noted on IPC , applicable to settings other than inpatient? ... Yes/no
17. Do IPC updates reflect Patient's response to Treatment as noted in chart?... Yes/no 1-4

Quality Score 22/32

Positive Responses 11/15

D. Specialized Care

- 18. Documentation that patients with development disabilities rendered appropriate care? ...Yes/no/N/A N/A, 1-4
19. Documentation treatment is beng provided for Pt's specialized needs?... Yes/no/N/A N/A, 1-4
20. If 1:1 is approved, is it being provided as ordered?... Yes/no/N/A
21. Documentation supports need for 1:1 order?... Yes/no/N/A

Quality Score 6/8

Positive Responses 3/4

E. Seclusion / Restraint

- 22 Use of Seclusion and restraints Monitored appropriately...Yes/no/N/A
a. Order for seclusion/restraint (name of LIP, date and time of order)?...Yes/no/N/A
b. Physician's order indicates RN/LIP can complete post assessment?
c. Face to face within 1 hr of intervention by LIP?...Yes/no/N/A
d. Documentation of events leading to intervention and staff involved?...Yes/no/N/A
e. Debriefing of staff / patient?...Yes/no/N/A
f. Notification of parent guardian?...Yes/no/N/A
g. Was medication used in conjunction with seclusion/restraint?...Yes/no/N/A
h. Were "NOW" medications used in lieu of seclusion/restraint?...Yes/no/N/A
i. If medications were used, are they part of the Pt's routine medications?...Yes/no/N/A
j. Were Treatment interventions re-evaluated as a result of seclusion/restraint?...Yes/no/N/A
23. Medical record does not contain PRN orders for the use of chemical restraint?...Yes/no

Quality Score 0/0

Positive Responses 9/9

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**E. Discharge Planning**

24. Discharge Planning (effective day of discharge and arranged by facility) includes documentation of:
- a. Behaviors that can be expected upon discharge..... Yes/no/N/A
  - b. Supports that need to be in place for the family & in the community. .... Yes/no/N/A
  - c. Type of educational needs..... Yes/no/N/A
  - d. Type of recreational needs..... Yes/no/N/A
  - e. Day to day activities:
    - i. Ones that are good for the child..... Yes/no/N/A
    - ii. Ones that should be avoided for the child..... Yes/no/N/A
  - f. Involvement with biological family while inpatient or upon discharge..... Yes/no/N/A
  - g. Involvement with siblings while inpatient or upon discharge..... Yes/no/N/A
  - h. Whether the child is able to go to daycare vs. to home after school..... Yes/no/N/A
  - i. Specific recommendations.
    - i. Number of children in the home..... Yes/no/N/A
    - ii. Family setting vs. group setting ..... Yes/no/N/A
    - iii. If child is better with groups or individuals..... Yes/no/N/A
    - iv. If child is better with males or females..... Yes/no/N/A
    - v. Intimacy needs..... Yes/no/N/A
    - vi. Interactions with younger children in the home..... Yes/no/N/A
    - vii. Interactions with older children in the home..... Yes/no/N/A
    - viii. Specific outpatient treatment recommendations..... Yes/no/N/A
    - ix. Specific behavioral modification techniques/ calming techniques identified for child while inpatient..... Yes/no/N/A
25. Is discharge planning/ care coordination documented in the chart besides on the IPC and IPC updates?..... Yes/no/N/A

*Quality Score 0/0*  
*PositiveResponses 12/16*

**G. Other**

- 26. Admission/continued stay authorized by APS? ..... Yes/no
- 27. Patient seen at time of visit?..... Yes/no
- 28. If the patient was not seen at the time of visit, why not?.....Dropdown of 4 reasons...(Discharged, In Session, N/A and On Pass)
- 29. Has facility resolved issues noted in prior Audits (CAP/ quality/Recoupment)? .....Yes/no ..... 1-4
- 30.General Comments ----Memo box

*Quality Score 3/4*  
*PositiveResponses 2/3*

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Axis Information

Scoring Information.

Axis I 313.81 Oppositional Defiant Disorder

Axis Ia 312.34 Intermittent Explosive Disorder

Axis Ib 314.01 ADHD Combined Type

Axis Ic 305.2 Cannabis Abuse

Axis II 319 Mental Retardation, Severity Unspecified

Axis III Allergies to tomatoes/ corn/ mustard

Axis IIIa Bilateral hearing loss

Axis IIIb

Axis IIIc

Axis IV Primary, social

Axis V 35

A. Assessment:	Points	Total
Quality	12	16
Positive	8	10
B. Consents:	Points	Total
Quality	0	0
Positive	9	11
C. Individ. Care:	Points	Total
Quality	22	32
Positive	11	15
D. Spec. Care:	Points	Total
Quality	6	8
Positive	3	4
E. Secl/Restraint:	Points	Total
Quality	0	0
Positive	9	9
F. DisCharge Plan:	Points	Total
Quality	0	0
Positive	12	16
G. Other:	Points	Total
Quality	3	4
Positive	2	3

Overall Summary	
Quality	43/60 = 71.66 %
Positive	55/68 = 80.88 %