

<b>INITIAL NURSING ASSESSMENT (NON-AVATAR) CLINICAL CHART AUDIT: ADULT MENTAL HEALTH &amp; FORENSICS</b>			
Individual's Name:	ID Number:	Unit:	Service: <input type="checkbox"/> AMH <input type="checkbox"/> Forensics
Date of Review:	Date of Admission:	Time of Admission*:	<i>*(obtain from Avatar PM generated face sheet)</i>
Admitting RN #1's Name:		Admitting RN #2's Name (if applicable):	
Primary Reviewer:		Secondary Reviewer (only applicable for IRR evaluation):	
<p><b>Instructions:</b> The RN may complete the Initial Nursing Assessment Clinical Chart Audit as a Do-Confirm checklist (i.e., do the Initial Nursing Assessment, and then confirm everything that was supposed to be done was done with quality). This is for self-check, and the data are not used for any other purpose. In addition, experienced clinicians (i.e., monitors) will independently audit Initial Nursing Assessments on a monthly basis. Total sample size per month should be determined as follows: If "N" is 20 admissions or less, audit 100% of the charts. If "N" is greater than 20 admissions but less than 200, audit 20 charts. If "N" is 200 or more admissions, audit 10% of the charts. Monitors will provide timely feedback to the applicable RNs. Only data collected by the experienced monitors are inputted into the hospital's designated database/spreadsheet following the audit.</p>			
<p><b>N = All individuals admitted to Adult Mental Health or Forensics Services during the review month</b>  <b>n = Number of Initial Admission Assessments audited during the review month</b></p>			

#	MONITORING STATEMENTS	YES	NO	INSTRUCTIONS
				<p><i>Where will you find it?</i>  <b>What criteria are we looking for to rate a YES or NO?</b></p>
1.	The Nursing section of the Admission Assessment and the Personal Safety Interview are completed on time.			<ul style="list-style-type: none"> <li>• Date and time of admission listed on the face sheet generated from Avatar PM,</li> <li>• Date and time of Admitting RN #1's signature (or Admitting RN #2's signature in some hospitals) at the end of the Nursing section of the Admission Assessment, and</li> <li>• Date and time of RN's signature on the Personal Safety Interview form.</li> </ul> <p><i>(Note: If the individual was discharged on conditional release or for a medical admission to an outside facility and then readmitted to the state hospital, the face sheet may not always be updated with the readmission date. If this is the case, use the date and time of the physician (re)admission orders instead of the face sheet for the date and time of admission).</i></p> <p>Score as YES if:</p> <ul style="list-style-type: none"> <li>a. The date and time of the Admitting RN #1's signature (or RN #2's if applicable) falls within 8(± 1) hours of date and time of admission, and</li> <li>b. The date and time of the RN's completion of the Personal Safety Interview falls within 24 hours of date and time of admission.</li> </ul> <p>Score as NO if:</p> <ul style="list-style-type: none"> <li>a. The above conditions are not met or only partially met, or</li> <li>b. One or more of the following are blank: the date and time of admission, the date and time in which the Personal Safety Interview was completed, or the date and time of the Admitting RN's signature.</li> </ul>

#	MONITORING STATEMENTS	YES	NO	INSTRUCTIONS
2.	Sources of Information:			<p><i>Sources of Information sub-section in the Nursing section of the Admission Assessment</i></p> <p>Score as YES if:</p> <ol style="list-style-type: none"> <li>All required fields are completed,</li> <li>Specific details are provided as indicated (e.g., name and relationship of family, friends, and/or others are listed; records reviewed or other sources are listed if applicable, etc.), and</li> <li>An explanation is documented if an interpreter was indicated but not provided.</li> </ol> <p>Score as NO if the above conditions are not met or only partially met.</p>
3.	Bowel Management:			<p><i>Bowel Management sub-section in the Nursing section of the Admission Assessment</i></p> <p>Score as YES if:</p> <ol style="list-style-type: none"> <li>All required fields are completed,</li> <li>Specific details are provided as indicated (e.g., "other" is described, etc.),</li> <li>Any significant findings are described in a clinically meaningful manner, and</li> <li>Rationale is provided if bowel management not assessed.</li> </ol> <p>Score as NO if the above conditions are not met or only partially met.</p>
4.	Personal Safety Interview:			<ul style="list-style-type: none"> <li><i>Personal Safety Interview sub-section in the Nursing section of the Admission Assessment, and</i></li> <li><i>Personal Safety Interview form</i></li> </ul> <p>Score as YES if:</p> <ol style="list-style-type: none"> <li>All required fields in the Personal Safety Interview sub-section in the Nursing section of the Admission Assessment are completed,</li> <li>All required fields on the Personal Safety Interview form are completed in a clinically meaningful manner, and</li> <li>Rationale is provided if the Personal Safety Interview form is not fully completed, as well as name of person to whom responsibility for completion has been referred (this information should be documented in the designated section of the Admission Assessment).</li> </ol> <p>Score as NO if the above conditions are not met or only partially met.</p>

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5.	Nursing Skin Assessment:			<p><i>Nursing Skin Assessment sub-section in the Nursing section of the Admission Assessment</i></p> <p>Score as YES if:</p> <ol style="list-style-type: none"> <li>All required fields are completed,</li> <li>Specific details are provided as indicated (e.g., "other" is described, etc.),</li> <li>Any significant findings are described in a clinically meaningful manner (including location and positive findings for each alteration in skin integrity marked), and</li> <li>Rationale is provided if skin integrity not assessed.</li> </ol> <p>Score as NO if the above conditions are not met or only partially met.</p>
6.	Nursing Trigger for Pain Assessment – Acute and Chronic:			<ul style="list-style-type: none"> <li><i>Nursing Trigger for Pain Assessment – Acute and Chronic sub-section in the Nursing section of the Admission Assessment, and</i></li> <li><i>Comprehensive Pain Assessment form (if applicable)</i></li> </ul> <p>Score as YES if:</p> <ol style="list-style-type: none"> <li>All required fields in the Nursing Trigger for Pain Assessment sub-section in the Nursing section of the Admission Assessment are completed,</li> <li>Any significant findings are described in a clinically meaningful manner,</li> <li>Rationale is provided if chronic pain not assessed (acute pain <b>must</b> be assessed), and</li> <li>All required fields on the Comprehensive Pain Assessment form are completed in a clinically meaningful manner if the individual has acute pain upon admission, <b>unless</b> adequate rationale is documented on the Admission Assessment indicating why it was not completed.</li> </ol> <p>Score as NO if the above conditions are not met or only partially met.</p>
7.	ACHIEVEMENT/FUNCTIONAL STATUS – Activities of Daily Living (ADL’s) and Mobility:			<p><i>ACHIEVEMENT/FUNCTIONAL STATUS – Activities of Daily Living (ADL’s) and Mobility sub-section in the Nursing section of the Admission Assessment</i></p> <p>Score as YES if:</p> <ol style="list-style-type: none"> <li>All required fields are completed,</li> <li>Specific details are provided as indicated (e.g., "other" is described, etc.),</li> <li>Any significant findings are described in a clinically meaningful manner (including level/type of assistance needed for each ADL and area of mobility marked), and</li> <li>Rationale is provided if ADL’s and Mobility not assessed.</li> </ol> <p>Score as NO if the above conditions are not met or only partially met.</p>

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8.	ACHIEVEMENT/FUNCTIONAL STATUS – Assistive and Prosthetic Devices Used by Individual:			<p><i>ACHIEVEMENT/FUNCTIONAL STATUS – Assistive and Prosthetic Devices Used by Individual sub-section in the Nursing section of the Admission Assessment</i></p> <p>Score as YES if:</p> <ol style="list-style-type: none"> <li>All required fields are completed,</li> <li>Specific details are provided as indicated (e.g., “other” is described, etc.),</li> <li>Additional comments for devices marked are provided as indicated, and</li> <li>Rationale is provided if Assistive and Prosthetic Devices not assessed.</li> </ol> <p>Score as NO if the above conditions are not met or are only partially met.</p>
9.	Physical and Nutritional Support (PNS) Risk Screen:			<p><i>PNS Risk Screen sub-section in the Nursing section of the Admission Assessment</i></p> <p>Score as YES if:</p> <ol style="list-style-type: none"> <li>All items within each section of the PNS Risk Screen (A, B, C, and D) are completed,</li> <li>A summary of PNS Risk Screen findings is <b>correctly</b> documented for each of the four risk screens, and</li> <li>All required notifications are documented (including name of person notified and date and time of notification).</li> </ol> <p>Score as NO if the above conditions are not met or only partially met.</p>
10.	Initial Health Education:			<p><i>Initial Health Education sub-section in the Nursing section of the Admission Assessment</i></p> <p>Score as YES if:</p> <ol style="list-style-type: none"> <li>Initial health education is provided,</li> <li>Specific material taught is described for each topic marked,</li> <li>An evaluation of learning and follow-up education needs (if applicable) are described, and</li> <li>Rationale is documented if initial health education is <b>not</b> provided.</li> </ol> <p>Score as NO if the above conditions are not met or only partially met.</p>
11.	Nurse’s Summary of Findings:			<p><i>Nurse’s Summary of Findings sub-section in the Nursing section of the Admission Assessment</i></p> <p>Score as YES if:</p> <ol style="list-style-type: none"> <li>The “no clinically significant findings” option is marked, <i>and</i> a review of assessment data in the Nursing section of the Admission Assessment supports this finding, <b>OR</b></li> <li>The “clinically significant findings identified” option is marked, and the following is included: <ul style="list-style-type: none"> <li>A synthesis of all clinically significant findings identified throughout the Nursing section of the Admission Assessment, and</li> <li>Recommended interventions for treatment and recovery planning.</li> </ul> </li> </ol> <p>Score as NO if the above conditions are not met or only partially met.</p>

COMMENTS:
