

ANNUAL NURSING ASSESSMENT ( <i>NON-AVATAR</i> ) CLINICAL CHART AUDIT: ADULT MENTAL HEALTH & FORENSICS			
Individual's Name:	ID Number:	Unit:	Service: <input type="checkbox"/> AMH <input type="checkbox"/> Forensics
Date of Review:	Date of Current Admission*:	<i>*(obtain from Avatar PM generated face sheet)</i>	
Assessing RN #1's Name:	Assessing RN #2's Name <i>(if applicable)</i> :		
Primary Reviewer:	Secondary Reviewer <i>(only applicable for IRR evaluation)</i> :		
<p><b>Instructions:</b> The RN may complete the Annual Nursing Assessment Clinical Chart Audit as a Do-Confirm checklist (i.e., do the Annual 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 Annual Nursing Assessments on a monthly basis. Total sample size per month should be determined as follows: If "N" is 20 annual assessments due or less, audit 100% of the charts. If "N" is greater than 20 annual assessments due but less than 200, audit 20 charts. If "N" is 200 or more annual assessments due, 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 in Adult Mental Health or Forensics Services whose Annual Nursing Assessment is due during the review month</b>  <b>n = Number of Annual Nursing 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 Annual Nursing Assessment <i>and</i> the Personal Safety Interview are completed on time.			<ul style="list-style-type: none"> <li>• <i>Date of current admission listed on the face sheet generated from Avatar PM,</i></li> <li>• <i>Date and time of Assessing RN #1's (or RN #2's if applicable) signature at the end of the Annual Nursing Assessment, and</i></li> <li>• <i>Date and time of RN's signature on the Personal Safety Interview form.</i></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 of the physician (re)admission orders instead of the face sheet for the date of current admission).</i></p> <p>Score as YES if:</p> <ol style="list-style-type: none"> <li>a. The date of the Assessing RN #1's signature (or RN #2's if applicable) falls within the same calendar month in which the individual was admitted, and</li> <li>b. The date of the RN's completion of the Personal Safety Interview falls within the same calendar month in which the individual was admitted.</li> </ol> <p>Score as NO if:</p> <ol 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 of current admission, the date in which the Personal Safety Interview was completed, or the date of the Assessing RN's signature.</li> </ol>

#	MONITORING STATEMENTS	YES	NO	INSTRUCTIONS
2.	Sources of Information:			<p><i>Sources of Information section of the Annual Nursing 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.	Vital Signs and Other Measurements			<p><i>Vital Signs and Other Measurements section of the Annual Nursing Assessment</i></p> <p>Score as YES if:</p> <ol style="list-style-type: none"> <li>All required fields are completed,</li> <li>Any significant findings are described in a clinically meaningful manner, and</li> <li>Rationale is provided for all areas not assessed/measured.</li> </ol> <p>Score as NO if the above conditions are not met or only partially met.</p>
4.	Bowel Management:			<p><i>Bowel Management section of the Annual Nursing 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>

#	MONITORING STATEMENTS	YES	NO	INSTRUCTIONS
5.	Personal Safety Interview:			<ul style="list-style-type: none"> <li>• <i>Personal Safety Interview section of the Annual Nursing 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 section of the Annual 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 Annual Nursing Assessment).</li> </ol> <p>Score as NO if the above conditions are not met or only partially met.</p>
6.	Nursing Skin Assessment:			<p><i>Nursing Skin Assessment section of the Annual Nursing 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>
7.	Nursing Trigger for Pain Assessment – Acute and Chronic:			<ul style="list-style-type: none"> <li>• <i>Nursing Trigger for Pain Assessment – Acute and Chronic section of the Annual Nursing 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 section of the Annual Nursing 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 at the time in which the annual assessment is completed, <b>unless</b> adequate rationale is documented on the Annual Nursing 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>

#	MONITORING STATEMENTS	YES	NO	INSTRUCTIONS
8.	ACHIEVEMENT/FUNCTIONAL STATUS – Activities of Daily Living (ADL’s) and Mobility:			<p><i>ACHIEVEMENT/FUNCTIONAL STATUS – Activities of Daily Living (ADL’s) and Mobility section of the Annual Nursing 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>
9.	ACHIEVEMENT/FUNCTIONAL STATUS – Assistive and Prosthetic Devices Used by Individual:			<p><i>ACHIEVEMENT/FUNCTIONAL STATUS – Assistive and Prosthetic Devices Used by Individual section of the Annual Nursing 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>
10.	Physical and Nutritional Support (PNS) Risk Screen:			<p><i>PNS Risk Screen section of the Annual Nursing 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 <b>OR</b> rationale is provided if “not applicable” is marked for section A, B, or C (section D must always be 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>

#	MONITORING STATEMENTS	YES	NO	INSTRUCTIONS
11.	Nurses' Summary of Findings:			<p><i>Nurses' Summary of Findings section of the Annual Nursing Assessment</i></p> <p>Score as YES if:</p> <p>a. The "no clinically significant findings" option is marked, <i>and</i> a review of assessment data in the Annual Nursing Assessment supports this finding, <b>OR</b></p> <p>b. The "clinically significant findings identified" option is marked, and the following is included:</p> <ul style="list-style-type: none"> <li>• A synthesis of all clinically significant findings identified throughout the Annual Nursing Assessment, and</li> <li>• Recommended interventions for treatment and recovery planning.</li> </ul> <p>Score as NO if the above conditions are not met or only partially met.</p>

COMMENTS: