

MINIMUM CARE FACILITY CONCEPT OF OPERATIONS

ATTACHMENT C

FORMS

Forms for death processing can be found at: <http://www.ndhealth.gov/vital/EVERS.htm>

TRIAGE AND ADMISSION RECORD

Date:

Time:

Triage Officer Name:

Patient Last Name		First Name		MI
Age	Date of Birth	Home Address		Triage Tag #

Name of Person Requesting Admission	Relation to Patient	Address	Phone
Next of Kin Name	Relation to Patient	Address	Phone

Why was the person brought in?

Illness History

Past Medical History

Allergies

CURRENT MEDICATIONS List Continued on Back

Medication Name	Dosage	Frequency	Reason for Use

Medical Director:

Blood Pressure	Pulse	Respiration	Temperature
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Physical Exam

Mental Status	Hydration
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Summary Assessment

<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Serious	<input type="checkbox"/> Critical
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Disposition	Medical Officer Signature
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Bedside Progress Notes

Patient Name:

Bed Number:

Date and Time	Medical Director Notes	Date and Time	Nursing Notes
			<input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Poorly responsive <input type="checkbox"/> Unresponsive Number times urine passed this shift: Number of bowel movements this shift: Temp Pulse Resp BP
	Good Fair Serious Critical Dead		Notes:
			<input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Poorly responsive <input type="checkbox"/> Unresponsive Number of times urine passed this shift: Number of bowel movements this shift: Temp Pulse Resp BP
	Good Fair Serious Critical Dead		Notes:

Master Patient Record

Date:

Shift:

Bed	Name	Notes	Status
			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Serious <input type="checkbox"/> Critical
			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Serious <input type="checkbox"/> Critical
			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Serious <input type="checkbox"/> Critical
			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Serious <input type="checkbox"/> Critical
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			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Serious <input type="checkbox"/> Critical
			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Serious <input type="checkbox"/> Critical

Good – indicators excellent **Fair** - indicators favorable **Serious** - indicators questionable **Critical** - indicators unfavorable.

North Dakota Minimum Care Facility Confidentiality Statement

I understand that as a volunteer in a minimum care facility, that I will have access to personal and health information which must not be disclosed to any person not authorized to receive the information in accordance with the laws of North Dakota.

I understand that any information that I learn about any patient in the facility, past or present, regardless of the nature of that information, is to be treated as confidential, and my obligation to maintain the confidentiality of that information will continue as long as I live.

I will not discuss or reveal any information about any patient, past or present, to any person when outside the facility.

I will not view any records about any patient, past or present, except as it relates to my assigned job duties in the facility.

I will not remove any records from the facility.

I understand that if I disclose confidential information, I may be subject to civil or criminal penalties in accordance with the laws of North Dakota.

It is my access to confidential information, and not the existence of this document that legally binds me to protect patient confidentiality; however, there is nothing in this policy or in the laws of North Dakota that prevents me from sharing confidential information about a patient with other persons providing medical care for that the patient who need to know the information.

By signing this, I acknowledge that I have read, understand and will comply with this statement.

Volunteer's name (print or type)

Volunteer's signature

Date

Witness

Date

TRANSFER RECORD

Date:

Last Name		First Name		MI
Age	Date of Birth	Home Address		Triage Tag #
Next of Kin Name		Relation to Patient	Address	Phone
Past Medical History				
Allergies				
MEDICATIONS ON ADMISSION TO MCF <input type="checkbox"/> List Continued on Back				
				RECEIVEING NOW
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
Blood Pressure		Pulse	Respiration	Temperature
History and Hospital Course				
Reason for Transfer				
Medical Officer Signature				

Staff – Emergency Information

Date:

Personal Information	
NAME:	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home address	
Home phone	
Cellular phone	
Home e-mail address	
Birthday (MM/DD/YYYY)	
Professional certification or license (List license type or none)	
Medical Information	
Phone number	
Medical conditions	
Allergies	
Current medications	
Doctor's name	
Clinic	
Address	
Emergency Contact Information	
Emergency contact's name	
Relationship	
Address	
Phone Numbers	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other

Incident/Injury Report

<input type="checkbox"/>	An incident is an event that caused injury to a person or damage to equipment, facilities, or materials.			
<input type="checkbox"/>	A near miss is an event that potentially could have caused injury to a person or damage to equipment, facilities, or materials.			
Form completed by:		Person involved in incident:		
Witness(es):				
Date of incident:	Time of incident:	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	Date reported:
Department and location where incident occurred:				
Nature of injury (such as strain, cut, or bruise):				
Body parts affected (such as left hand or right ankle):				
Medical treatment required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did employee leave work because of the injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee signature:			Date:	
Supervisor signature:			Date:	

NOTE:

This form is for tracking purposes.

This form does not constitute a complete report for purposes of worker's compensation.

A complete report should be made to workers compensation (WSI) within 24 hours using an appropriate form.

Procurement Summary Report

Date/Time: _____

Completed By: _____

#	P.O #	Date Time	Item/Service	Vendor	Dollar Amount	Requestor	Approval

Certifying Officer: _____

Date/Time: _____

MCF Sign-In

Date:

	Name	ID Card #	Signature	Time In	Time Out
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
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10.					
11.					
12.					
13.					
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19.					
20.					
21.					
22.					
23.					
24.					
25.					

MEDICAL MATERIAL TRACKING

Supply Item	Description	Quantity Remaining	Estimated Daily Use Rate
DIAGNOSTICS			
Glucometer Strips			
Tongue blades			
Thermometer probe covers			
Syringes with Luer lock			
Needles (sizes)			
Pulse Oximeter			
Glucometer			
Adult BP cuffs			
Child BP cuffs			
Infant BP cuffs			
Thermometers			
Stethoscopes – BP			
Stethoscope – Cardiology			
Flashlight and batteries			
HYDRATION			
IV stand			
IVF – NS			
IVF - D5NS			
IVF – D5¼NS			
Tourniquet			
IV catheters 20g			
IV tubing			
Alcohol preps			
Tape (plastic, IV)			
Sharps container, gallon			
Hydration salts			
Feeding/fluid tubing and bags and connectors			

MEDICAL MATERIAL TRACKING

Supply Item	Description	Quantity Remaining	Estimated Daily Use Rate
NG tubes			
Irrigation syringes			
KY jelly			
RESPIRATORY			
Nasal trumpets (various sizes)			
Airways (various sizes)			
Suction tips			
Suction device			
MEDICATION			
Script pad			
Mortar and pestle			
Insulin syringes and needles			
URINARY AND GI			
Foley catheter/tube/bag			
Emesis basin			
Urinals			
Bedside commodes			
HYGIENE			
Body lotion			
Chux			
Toothbrush			
Toothpaste			
Bedpans			
Towels			
Wash clothes			
Diapers (various sizes)			
Bath basin			
Bath wipes			

MEDICAL MATERIAL TRACKING

Supply Item	Description	Quantity Remaining	Estimated Daily Use Rate
PPE			
Gowns (provider medium)			
Gowns (provider large)			
N95 masks (various sizes)			
Gloves – non-sterile			
Gloves – Sterile (various sizes)			
Face shields			
Surgical masks			
Gloves – rubber kitchen			
OTHER PATIENT CARE ITEMS			
Identification bracelets			
Obstetrical kit			
Mortuary bags			
Patient lift			
Accessory lighting			
Scissors (bandage)			
Band-aids			
FACILITY ITEMS			
Bleach (gallon)			
Liquid soap			
Toilet paper			
Paper plates			
Napkins			
Plastic tableware			
Plastic cups			
Paper towels			
Permanent markers			
Pens			

MEDICAL MATERIAL TRACKING

Supply Item	Description	Quantity Remaining	Estimated Daily Use Rate
Stapler and staples			
Tape – cellophane			
Paper clips			
Hole punch			
Binders (3 ring)			
Clipboards			
Ziplock bags (sizes)			
AED (?)			
Ambu bag and mask			
Industrial mop and bucket			
Trashcans			
Desk			
Table			
Office chair			
Supply cart			
FORMS AND PAPER			
History and physical form			
Physician order forms			
Progress notes			
Admission forms			
Patient rosters and status			
Volunteer roster forms			
Workers comp forms			
Volunteer schedule forms			
Plain paper			
Cots, beds or			

MEDICAL MATERIAL TRACKING

Supply Item	Description	Quantity Remaining	Estimated Daily Use Rate
mattresses			
Sheets			
Pillows			
Pillow cases			
Privacy screens			
TRANSPORTATION			
Stretcher			
COMMUNICATION AND IT			
Extension cords			
Radio			
Television			
Computer			
Ethernet cable			
Printer			
Telephone			
Walkie-talkies			
WASTE			
Trash bags			
Medical waste bags			

**MCF SITE REVIEW
QUALITY IMPROVEMENT ASSESSMENT**

Assessment Date: _____

Yes	No	Unk	TRIAGE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patients are evaluated for admission according to written triage procedures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reasons for admission or refusal of admission are documented for each patient seen in triage.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family members are either given literature about care provided in the MCF or literature about how to care for patients at home if the person is not admitted.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No controlled substances are being retained in the facility.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate records arrive from the hospital for transfers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patients arriving from the hospital are appropriate for transfer to this facility.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient condition is updated on the web site daily from the Master Patient Record.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Master Patient Record is kept up-to-date with a fresh printed copy available before rounds each shift.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patients are routinely admitted and begin care within two hours of presentation.

MEDICAL DIRECTORS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Directors evaluate each patient presenting for admission and complete the triage/history and physical form regardless of whether they are admitted or not.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Only patients meeting triage criteria for pandemic infection are admitted to the facility.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recovering patients who are routinely discharged leave in a condition and to a destination in which they can be expected to do well.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical rounds are completed on each patient each shift by the medical director, including both the acute care area and the assisted living area.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Directors assign priority for transfer to the hospital each shift, and communicate priority to hospital medical director at least once daily.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required records are complete at admission.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Directors chart on each patient each shift and update status designation on the Master Patient Record.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Directors supervise the patient care services provided and ensure the quality of care being provided.

- All decisions regarding admission, to admit or not to admit, are driven by written protocol. Changes in protocol are written and approved by the Site Commander.
- All decisions regarding no admission due to palliative status are made by the Medical Director and based on written triage protocol approved by the Site Commander and NDDoH DOC.
- When a patient dies, family is notified immediately.
- Positioning of NG tubes which are placed or require partial re-insertion ALWAYS have their position checked by fluid return before NG fluid or feeding.
- Medical Directors make all decisions regarding palliative status according to protocol and reason for palliative status is documented.
- When a patient is put on palliative status, family is notified and given the option of taking the patient home to care for them
- Medical Directors authorize all transfers to the assisted living area on the order sheet.
- A transfer summary is completed on every patient transferred to the hospital. Family is notified of the transfer.

STAFF

- Volunteers report that they receive adequate instruction and mentoring in order to execute their assigned duties.
- All staff sign-in daily.
- All volunteers are registered in the PHEVR system.
- Schedules are always complete at least three days in advance and volunteers know when they are next expected to work.
- All staff meticulously follow patient confidentiality requirements and all volunteers sign a confidentiality agreement before they begin working in the facility.
- Needs of staff are met including rest, hydration, nutrition, personal and emotional.
- Staff are given an opportunity to grieve and referral to counseling as needed.
- Over stressed, exhausted or ill staff are removed from duty.

PATIENT CARE

- Staffing is adequate to ensure that patients are cleaned in a timely manner.
- Patients are provided chaplaincy services in a timely manner.
- Fluid bags are changed daily and filling of bags is done with washed, freshly gloved hands.

- Living and deceased are treated respectfully at all times.
- Privacy is preserved to the extent possible.
- Patients requiring medication administration receive it on schedule, and Medical Directors are notified when they must administer a medication.
- Ethics committee makes periodic review of facility operations.
- Transportation of patients occurs in a timely manner.
- Personal effects are moved with patients, whether to morgue, another facility or home.
- Appropriate documents are sent to the morgue or hospital on transfer and medical records are retained in the facility.
- Patients are treated ethically and equitably.
- Access to morgue area is controlled.

SAFETY AND INFECTION CONTROL

- Procedures for maintaining the clean area clean are followed.
- Staff following procedures for staying well.
- Safety officer periodically checks with workers that N95 is worn correctly and is changed every four to six hours.
- Staff are screened for illness before being allowed to work.
- Patients in assisted living are segregated by sex.
- Volunteers who have on-the-job incidents complete an incident report form and follow-up filing with WSI is completed as indicated.
- Building perimeters are periodically monitored and warning signs are posted near all exits and air exchange units.
- No unauthorized persons are permitted to enter the building. Only registered staff and approved chaplains may enter.
- Techniques used for patient movement do not put the patient or the care giver at risk.
- Patients in assisted living are consistently assisted with ambulation or movements (e.g., to commodes or chairs) to prevent falls
- Falls rarely or ever occur.
- Containers of patient medications are clearly labeled and patient medication is positioned in relation to the correct patient and returned after use.
- Staff wash hands regularly and use hand rubs between each patient.
- Staff wear PPE appropriately in all circumstances.
- Sharps containers are used for all sharps.

- Body fluids are cleaned up appropriately and safely.
- Containers with electrolyte mixture for feedings are always correctly and clearly label.

SUPPLIES

- Supplies are maintained to prevent shortages.
- Reusable supplies are cleaned thoroughly and according to protocols and returned to the supply area in a timely manner.
- Laundry is returned clean and is available in sufficient quantities.
- Supply issuing is controlled.

RECORDS

- Administrative documentation is maintained and delivered for filing every shift.
- Patient records are maintained and retained, including triage records of those who are not admitted.
- Expenditures are tracked and documentation is maintained.
- Access to filed medical records is controlled.

FACILITY

- Patient care areas are kept clean.
- Staff areas are clean.
- Toilet areas are clean and well supplied.
- Food is available, nutritious and palatable.
- Hazardous waste is kept separate, in biohazard bags, from non-hazardous waste and only truly hazardous waste is designated as such.
- Waste receptacles are emptied regularly and waste is disposed of properly.
- Sharps containers are available and used promptly when indicated.
- Physical plant functioning is maintained including HVAC, and temperature is in comfortable zone.
- IT equipment is functional.