



Southeast Louisiana Hospital
Acute Unit Audit - (30 Day)

Patient Name _____

Medical Record Number

0 0 0 0

Admit Date (MM/DD/YY)

/ / 0 7

Review date (MM/DD/YY)

/ / 0 7

Attending MD

Reviewer

Ward

A-2

D-2

Reimbursement

Service

PI

Factor	Yes	No
1. Interdisciplinary POC		
A. POC updated/changed weekly	<input type="radio"/>	<input type="radio"/>
B. Pt./family/OCS/All disciplines	PT/FLY <input type="radio"/>	<input type="radio"/>
	OCS <input type="radio"/>	<input type="radio"/>
	DHH <input type="radio"/>	<input type="radio"/>
C. Pt. complaints with meds	<input type="radio"/>	<input type="radio"/>
D. Pt. complaints with treatment	<input type="radio"/>	<input type="radio"/>
2. Physician		
A. Actions updated/current in POC	<input type="radio"/>	<input type="radio"/>
B. MD notes reflect goals/planned treatment 1x wk	<input type="radio"/>	<input type="radio"/>
C. Verbal orders signed/dated/timed	<input type="radio"/>	<input type="radio"/>
D. Verbal orders signed within 72 hrs.	<input type="radio"/>	<input type="radio"/>
E. Documented justification of need for Continued stay/acuity of illness	<input type="radio"/>	<input type="radio"/>
F. Medication management/changes	<input type="radio"/>	<input type="radio"/>
3. Nursing		
A. RN notes reflect objectives/planned treatment	<input type="radio"/>	<input type="radio"/>
B. PA notes reflect objectives/planned treatment	<input type="radio"/>	<input type="radio"/>
C. Patient able to attend to ADL	<input type="radio"/>	<input type="radio"/>
4. Social Services		
A. Action updated/current on POC		
1. Active D/C plan	<input type="radio"/>	<input type="radio"/>
2. Placement problems addressed	<input type="radio"/>	<input type="radio"/>
3. Attendance at therapy	<input type="radio"/>	<input type="radio"/>
5. Psychology		
A. Psychology consult within 7 days	<input type="radio"/>	<input type="radio"/>
B. Attendance to counseling session	<input type="radio"/>	<input type="radio"/>
6. Follow-up to abnormal referral		
A. Admission to hospital justified	<input type="radio"/>	<input type="radio"/>
B. Consults (med., psychology, speech, OT, psychopham, nutritional)		
C. Signed/completed by MD	<input type="radio"/>	<input type="radio"/>

Comments/Trends

If you make a mistake place an X over the CORRECT answer.

Southeast Louisiana Hospital
Admission Review - Daily (1 Working Day)

57256

Patient Name _____

Medical Record Number

0	0	0	0				
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Admit Date (MM/DD/YY)

		/			/	0	7
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Review date (MM/DD/YY)

		/			/	0	7
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Reimbursement

- Service
 Medicare
 Medicaid
 PI

Judicial

- Yes No

Admitting MD

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Attending MD

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Reviewer

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Custody OCS Family Self DHH

Ward A-1 A-2 A-3 D-1 D-2 D-3 N O U V W-1 W-2

Factor	Yes	No	N/A	Factor	Yes	No	N/A
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1. Admission Staff Responsibilities

- A. Physician tickets Pink/Blue
 B. Billing information is accurate & complete at admit

5. RN Assessment Complete

- A. RN Plan of care
 B. Review of Systems
 C. Pain management

2. Justification for Admission - Admit Note MD

- A. Admit DX
 B. Written Legibly
 C. H&P within 24 hrs.
 D. Medications Identified on Psy Eval
 E. AIMS test
 F. Risk Assessment
 G. Restraint Seclusion Assessment

CONCLUSION

- Records are complete
 Initial care appropriate
 M.D. criteria complete
 R.N. Admit process complete

3. Statistical Info. Complete (STATA DATA I)

- A. Information correct
 B. Addressograph

4. Patient Consent, Rights, Responsibilities

- A. Commitment or voluntary Papers signed/completed PT- FLY -OCS
 B. Advanced directives
 C. Acknowledgment of Rights/Responsibilities
 D. Psycho. Therapeutics Witness
 Medication Consent M.D.
 Pt/Guardian
 E. Informed Consent Witness
 M.D.
 Pt/Guardian
 F. Immunization Request/Record
 G. Restraint seclusion philosophy

Comments/Trends

If you make a mistake place an X over the **CORRECT** answer.

Southeast Louisiana Hospital
Treatment Plan Review Form - (10 & 40 DAY)

10 Day Review

40 Day Review

33971

Patient Name _____

Medical Record Number

Admit Date (MM/DD/YY)

Review date (MM/DD/YY)

0	0	0	0				
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		/			/	0	7
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		/			/	0	7
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Attending MD

Reviewer

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Ward A-1

D-1

U

A-2

D-2

V

A-3

D-3

W-1

C-A

N

W-2

C-C

O

Factor

Yes No N/A

Factor

Yes No N/A

A. Integrated Assessment

- 1. Reflects assessment
- 2. Utilizes patient strengths
- 3. Recognizes liabilities
- 4. Substance Abuse Active
- Deferred
- 5. Obesity Active
- Deferred

3. Interventions are appropriate:

- a. Specific staff action (Name, title)
- b. Frequency of action
- c. Individualized action plan (not routine)

B. Master Problems List:

- 1. Includes ALL patient problems:**
- a. Psychiatric (especially high risk)
 - b. Medical
 - c. Family/Discharged
 - d. Substance Abuse Active
 - Deferred
 - e. Obesity Active
 - Deferred

Answer for 40 Day Review ONLY

4. Treatment plan updated

- a. Objectives are achieved, modified, or actions changed
- b. Action reflects current intervention

2. Problem titles are descriptive.

C. Treatment Plan:

- 1. Each problem title has multiple specific behaviors described in "as evidence by"
- 2. Objective are appropriately stated:
 - a. Measurable (behavior, %, amount)
 - b. Avoids two measures in one statements
 - c. Not extended beyond 60 days.

Comments/Trends

If you make a mistake place an X over the CORRECT answer.

Southeast Louisiana Hospital
Treatment Plan Review Form - (10 & 40 DAY)

10 Day Review
 40 Day Review

33971

Patient Name _____

Medical Record Number

Admit Date (MM/DD/YY)

Review date (MM/DD/YY)

0	0	0	0				
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		/			/	0	7
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		/			/	0	7
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Attending MD

Reviewer

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Ward

A-1

D-1

U

A-2

D-2

V

A-3

D-3

W-1

C-A

N

W-2

C-C

O

Factor	Yes	No	N/A	Factor	Yes	No	N/A
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A. Integrated Assessment

- 1. Reflects assessment
- 2. Utilizes patient strengths
- 3. Recognizes liabilities
- 4. Substance Abuse Active
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- 5. Obesity Active
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3. Interventions are appropriate:

- a. Specific staff action (Name, title)
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B. Master Problems List:

- 1. Includes ALL patient problems:**
- a. Psychiatric (especially high risk)
 - b. Medical
 - c. Family/Discharged
 - d. Substance Abuse Active
 - Deferred
 - e. Obesity Active
 - Deferred

Answer for 40 Day Review ONLY

4. Treatment plan updated

- a. Objectives are achieved, modified, or actions changed
- b. Action reflects current intervention

2. Problem titles are descriptive.

C. Treatment Plan:

- 1. Each problem title has multiple specific behaviors described in "as evidence by"
- 2. Objective are appropriately stated:
 - a. Measurable (behavior, %, amount)
 - b. Avoids two measures in one statements
 - c. Not extended beyond 60 days.

Comments/Trends

If you make a mistake place an X over the CORRECT answer.

Southeast Louisiana Hospital
Continued Stay - Daily (40 DAY)

25398

Patient Name _____

Medical Record Number

Admit Date (MM/DD/YY)

Review date (MM/DD/YY)

0 0 0 0

/ / 0 7

/ / 0 7

Reviewer	Custody	Reimbursement	Reason for continued stay	Ward	A-1 <input type="radio"/>	D-1 <input type="radio"/>	U <input type="radio"/>
<input type="text"/>	<input type="radio"/> OCS	<input type="radio"/> Service	<input type="radio"/> Med regulations	A-2 <input type="radio"/>	D-2 <input type="radio"/>	V <input type="radio"/>	
	<input type="radio"/> Family	<input type="radio"/> Medicare	<input type="radio"/> Placement	A-3 <input type="radio"/>	D-3 <input type="radio"/>	W-1 <input type="radio"/>	
Attending MD	<input type="radio"/> Self	<input type="radio"/> Medicaid	<input type="radio"/> S/S Unstable	C-A <input type="radio"/>	N <input type="radio"/>	W-2 <input type="radio"/>	
<input type="text"/>	<input type="radio"/> DHH	<input type="radio"/> PI		C-C <input type="radio"/>	O <input type="radio"/>		

Factor	Yes	No	N/A	Factor	Yes	No	N/A
1. Follow-up to abnormal referrals				6. Nursing			
A. Follow-up to abnormal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A. Action updated/current on POC	<input type="radio"/>	<input type="radio"/>	
B. LAB Protocol Ordered/Followed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	B. RN notes reflect objectives/planned treatment	<input type="radio"/>	<input type="radio"/>	
C. Consults (med., psychology, speech, OT, psychopharm, nutritional) cosigned/completed by MD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C. PA notes reflect objectives/planned treatment	<input type="radio"/>	<input type="radio"/>	
D. Immunization (Child/Youth ONLY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Social Services			
2. Interdisciplinary Summary				A. Action updated/current on POC	<input type="radio"/>	<input type="radio"/>	
A. major changes in intervention are noted	<input type="radio"/>	<input type="radio"/>		B. Active D/C plan addressed placement problems	<input type="radio"/>	<input type="radio"/>	
B. New interventions identified	<input type="radio"/>	<input type="radio"/>		C. Attendance at therapy	<input type="radio"/>	<input type="radio"/>	
3. Health Education (Pt/Family Ed. Sheet)				8. Psychology			
A. Education needs are appropriate	<input type="radio"/>	<input type="radio"/>		A. Action updated/current on POC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Multidisciplinary	<input type="radio"/>	<input type="radio"/>		B. Weekly reassessment, if noted in POC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Interdisciplinary POC				C. Notes reflect objectives/planned treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A. P.O.C. updated/changed	<input type="radio"/>	<input type="radio"/>		D. Attendance at therapy / 1:1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Objectives achievements/revised	<input type="radio"/>	<input type="radio"/>		9. Activity			
C. Team actions achieved/revised	<input type="radio"/>	<input type="radio"/>		A. Weekly reassessment	<input type="radio"/>	<input type="radio"/>	
D. New goals have interventions/T.A.	<input type="radio"/>	<input type="radio"/>		B. Attendance at therapy, progress	<input type="radio"/>	<input type="radio"/>	
E. Pt/family/OCS/all disciplines	<input type="radio"/>	<input type="radio"/>		10. School			
PT/FLY	<input type="radio"/>	<input type="radio"/>		A. Action updated (Child/Youth ONLY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OCS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	B. Weekly summary written (Child/Youth ONLY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DHH	<input type="radio"/>	<input type="radio"/>		11. Nutrition			
F. Minor medical updated/current on Flow Sheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A. Action updated/current on POC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Physician				B. Reassessment in Progress Notes per POC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A. Actions updated/current in POC	<input type="radio"/>	<input type="radio"/>		CONCLUSION			
B. MD notes reflect goals/planned treatment 1 X wk.	<input type="radio"/>	<input type="radio"/>		Evidence of Active Treatment	<input type="radio"/>	<input type="radio"/>	
C. Verbal orders signed/dated/timed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Justification for Continued Stay	<input type="radio"/>	<input type="radio"/>	
D. Verbal orders signed within 72 hrs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Appropriate interdisciplinary POC	<input type="radio"/>	<input type="radio"/>	
E. Documented justification of need for Continued Stay/acute of illness/active treatment	<input type="radio"/>	<input type="radio"/>		Underutilization	<input type="radio"/>	<input type="radio"/>	
				Overutilization	<input type="radio"/>	<input type="radio"/>	
				Current Patient Summary Sheet includes A.D.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				All Consents Signed/Complete	<input type="radio"/>	<input type="radio"/>	

Comments/Trends

If you make a mistake place an X over the CORRECT answer.

