

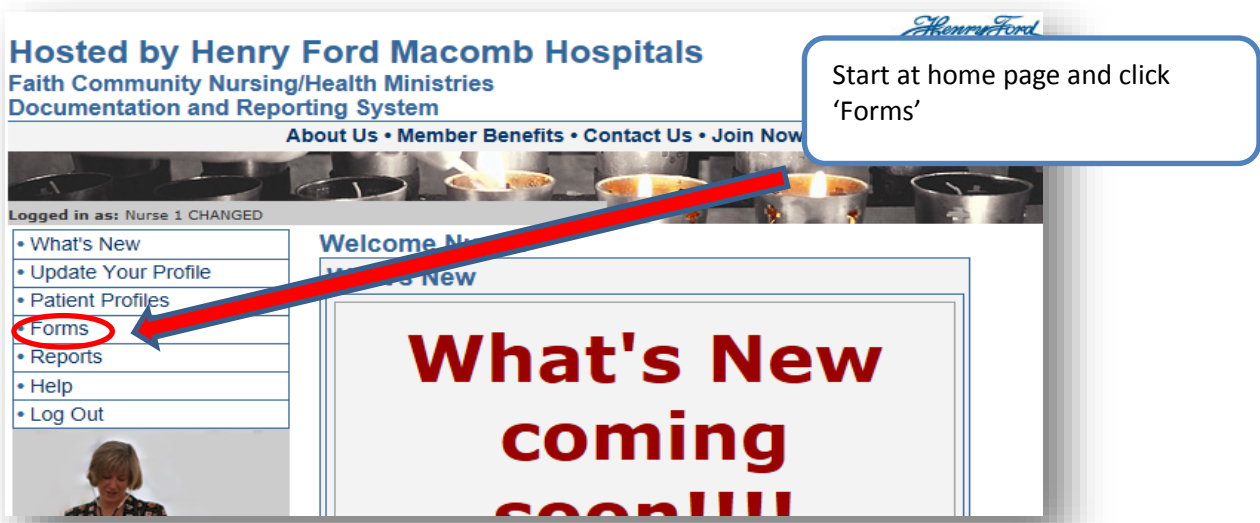
Advance Care Planning Documentation Guide

Documentation is a critical standard of professional nursing practice and Faith Community Nursing is no different. The THR Faith Community Nursing Program relies on adequate and accurate data from our covenant FCNs to determine outcomes and effectiveness of our resources.

Since the Advance Care Planning education within this toolkit can be shared in a variety of ways, this guide is provided to help you document your ACP activities appropriately.

Log in to the Henry Ford Online Documentation System at: www.fcndocumentation.com using your email address and password. Contact your THR FCN Program Coordinator if you have any difficulties logging in or need access to this system.

Part I- Entering Sessions as a Group Interaction



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Documentation and Reporting System

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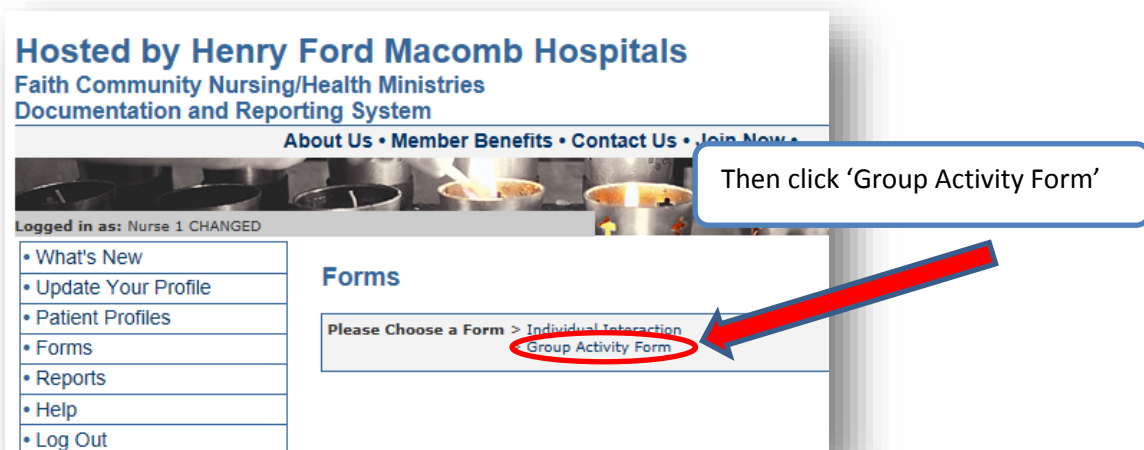
Logged in as: Nurse 1 CHANGED

- What's New
- Update Your Profile
- Patient Profiles
- **Forms**
- Reports
- Help
- Log Out

Welcome Nurse 1 CHANGED

What's New coming soon!!!

Start at home page and click 'Forms'



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Forms

Please Choose a Form > Individual Interaction

- **Group Activity Form**

Then click 'Group Activity Form'

Forms > Group Activity Form

Totals

Number Participating: 0

Total Cost Savings/Avoidance (Dollars): 0.00

Name: Nurse 1 CHANGED

Congregation: Training Network

Then click 'Add Category'

Forms > Group Activity Form

1 → Category: Education/Information

2 → Description: Advanced Care Planning

3 → Age Range: 0-4 31-50
 5-13 51-65
 14-18 66-80
 19-30 81-90
 90+

4 → Date: 05/18/2016

5 → Notes/Comments: Session information: Title/
Example:
Session 1, What is Advance
Care Planning

6 → Number Participating: 18

7 → Total Cost Savings/Avoidance (Dollars): 0.00

8 → Direct Time: 1
Indirect Time: 2

Totals

Number Participating: 18

Total Cost Savings/Avoidance (Dollars): 0.00

Name: Nurse 1 CHANGED

Congregation: Training Network

9 → Month/Year: May. 2016

Travel Miles (Optional):

Draft:

Total Direct Time: 1.00

Total Indirect Time: 2.00

Grand total time: 3.00

Community Benefit Hours in Dollars: 0.00

10 →

1. Click on the Category box and select 'Education/Information'
 2. Click on Description box and select 'Advanced Care Planning'
 3. Check the age ranges of the participants (if known-optional)
 4. Enter the date of the session
 5. Enter session title and number (if offering multiple sessions). Enter any other information as desired.
 6. Enter # of participants
 7. Cost avoidance will be 0.00 for this level of interaction (this is assessed with participant follow up)
 8. Enter how long the session lasted (Direct Time) and amount of time spent preparing and following up (Indirect Time)
- Under Totals section at bottom:*
9. Make sure the Month/Year matches the date of the event above
 10. Click 'Save'

Part 2 - Individual Interaction/Follow up

(Note: the individual patient MUST be entered into your patient database *before* individual ACP documentation can be entered)

Section A – Adding a New Patient (if patient is already entered, skip to section B)

Add Patient

To add a new patient to your list, simply fill out the form below. All fields with a red asterisk by them are required.

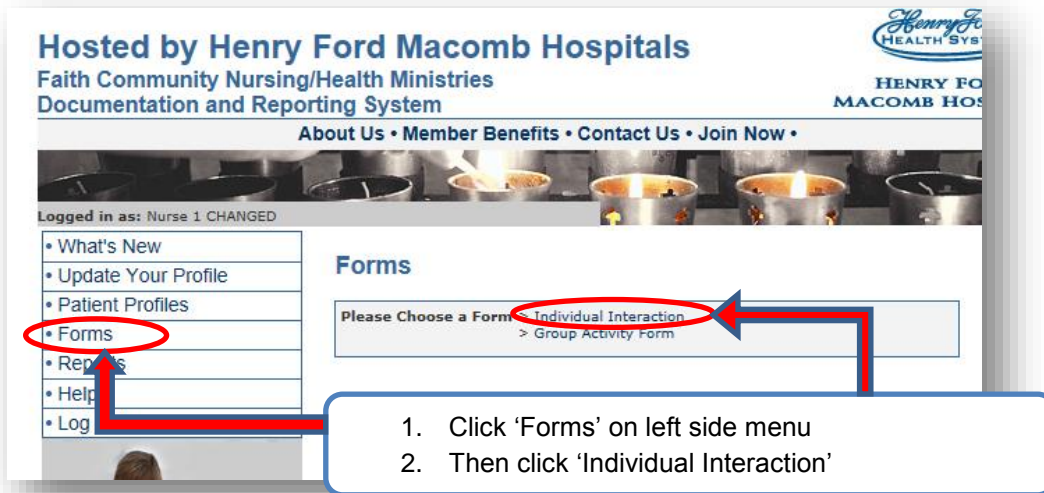
*First Name:	<input type="text"/>	*Last Name:	<input type="text"/>
*Address 1:	<input type="text"/>	Address 2:	<input type="text"/>
City:	<input type="text"/>	*State:	<input type="text"/>
Zip:	<input type="text"/>	Denomination:	<input type="text"/>
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Mobile/Cell Phone:	<input type="text"/>	*Gender:	<input type="text"/>
Height (Inches):	<input type="text"/>	Weight (Pounds):	<input type="text"/>
*Age:	<input type="text"/>	Date of Birth:	<input type="text"/>
Medical Diagnoses/Concerns:	<input type="text"/>	Notes:	<input type="text"/>
Emergency Contact Numbers:	<input type="text"/>	Most Recent Status of Advance Care Planning:	N/A
Date of Anointing of the Sick:	<input type="text"/>		
Ethnicity Choices:	<input type="text"/>	BMI (Baseline):	<input type="text"/>
Religion:	<input type="text"/>	Guardianship Completed:	<input type="checkbox"/>
Durable Power of Attorney Completed:	<input type="checkbox"/>	Insurance Type:	<input type="text"/>
*Member Type:	<input type="text"/>		

This form contains many options for patient information. You can choose how much of this patient information you want to collect and enter. Information can also be added over time. Required information is marked with **red asterisk ***

- First/last name
- Address/state (can use church address)
- Zip code (please use actual, not church)
- Gender
- Age range
- Member type

Then, click 'Save' at the bottom.

Section B – Documenting Individual Interaction/Follow up



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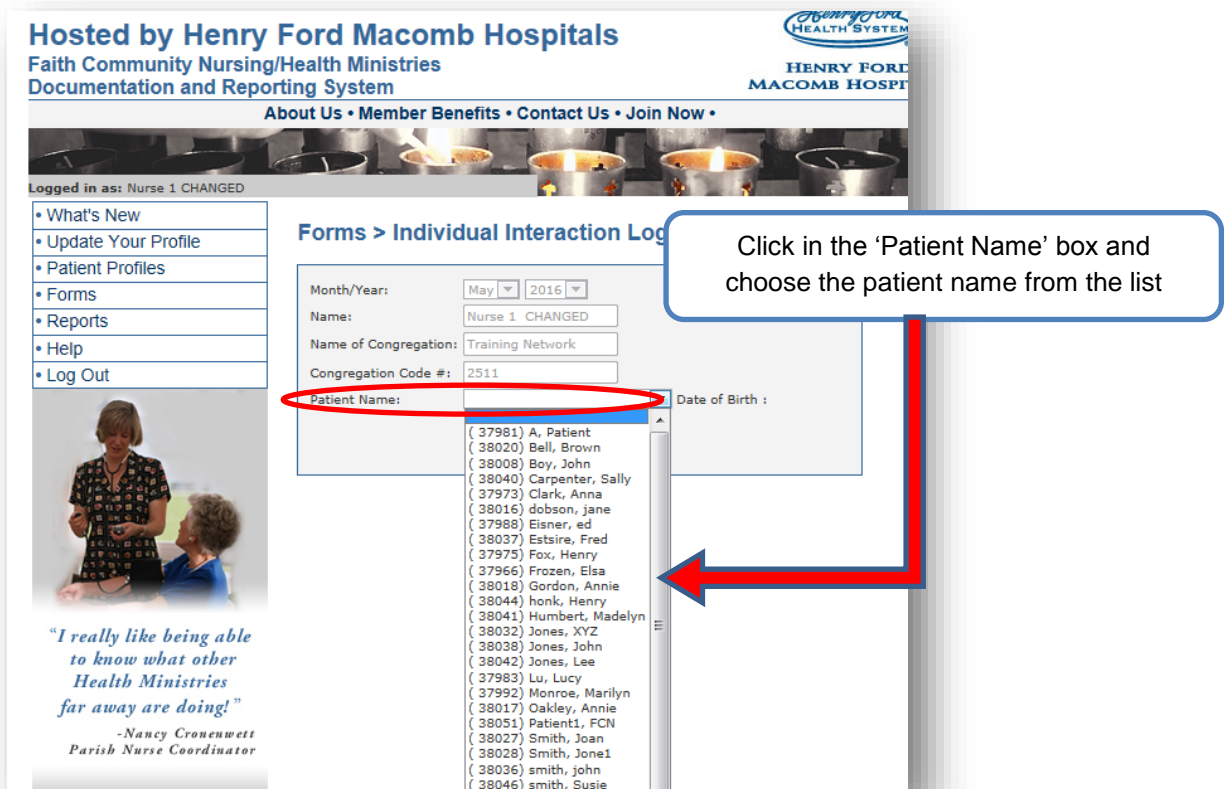
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Forms
 Please Choose a Form: Individual Interaction
 > Group Activity Form

1. Click 'Forms' on left side menu
2. Then click 'Individual Interaction'



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Logged in as: Nurse 1 CHANGED

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Forms > Individual Interaction Log

Click in the 'Patient Name' box and choose the patient name from the list

Month/Year: May 2016
 Name: Nurse 1 CHANGED
 Name of Congregation: Training Network
 Congregation Code #: 2511

Patient Name: [Dropdown Menu]
 Date of Birth:

(37981) A, Patient
 (38020) Bell, Brown
 (38008) Boy, John
 (38040) Carpenter, Sally
 (37973) Clark, Anna
 (38016) dobson, jane
 (37988) Eisner, ed
 (38037) Estsire, Fred
 (37975) Fox, Henry
 (37966) Frozen, Elsa
 (38018) Gordon, Annie
 (38044) honk, Henry
 (38041) Humbert, Madelyn
 (38032) Jones, XYZ
 (38038) Jones, John
 (38042) Jones, Lee
 (37983) Lu, Lucy
 (37992) Monroe, Marilyn
 (38017) Oakley, Annie
 (38051) Patient1, FCN
 (38027) Smith, Joan
 (38028) Smith, Jone1
 (38036) smith, john
 (38046) smith, Susie

"I really like being able to know what other Health Ministries far away are doing!"
 -Nancy Cronewett
 Parish Nurse Coordinator


The patient interaction log contains many options for patient information.

Remember you can choose and enter the options you find applicable/beneficial. This guide will focus on what is specifically required for documenting Advance Care Planning Program on an individual basis.

The following images represent the log as it will appear on your screen as you scroll down the webpage.

Forms > Individual Interaction Log

Month/Year: May 2016
 Name: Nurse 1 CHANGED
 Name of Congregation: Training Network
 Congregation Code #: 2511
 Patient Name: (38008) Boy, John Date of Birth : 02/12/1946
 View Patient Notes

Demographics	Spirit./Emot./Relational
Draft: <input type="checkbox"/> Date: <input type="text"/>  Direct Time: 0.25 Indirect Time: 0 BMI (Baseline): 27 Race Choices: Asian and White Ethnicity Choices: Hispanic/Latino Religion: Age: 70 Most Recent Hemoglobin A1C: <input type="radio"/> Self-Reported <input type="radio"/> Documented Height: 72 Weight: Heart Rate: 0	<input type="checkbox"/> Abuse <input type="checkbox"/> Em. D <input type="checkbox"/> Grief/Loss <input type="checkbox"/> Parenting <input type="checkbox"/> Relationship <input type="checkbox"/> Spir. Distress <input type="checkbox"/> Spiritual Well-Being <input type="checkbox"/> Stress <input type="checkbox"/> Other

Required: You must enter the date of interaction

Note: Some demographic information will appear here if it was entered when the patient was set up in the database. Information such as BMI, HgbA1C, and vital signs can be entered if applicable, but not required for ACP. You may also indicate if the individual is a member or non-member

<input type="radio"/> Additional Follow-up <input type="radio"/> Initial Contact	<input type="radio"/> Member <input checked="" type="radio"/> Non-member
<input type="radio"/> Community Setting <input type="radio"/> Congregation <input type="radio"/> Doctor's Office <input type="radio"/> Dying Care (Funeral Related) <input type="radio"/> ER/ED <input type="radio"/> Email/Text or other communication <input type="radio"/> Food Pantry <input type="radio"/> Home Visit <input type="radio"/> Hospital <input type="radio"/> Nursing Home/Extended Care <input type="radio"/> Office <input type="radio"/> Phone <input type="radio"/> Rehab <input type="radio"/> Other If Other: <input type="text"/>	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> 5-13 <input type="radio"/> 14-18 <input type="radio"/> 19-30 <input type="radio"/> 31-50 <input checked="" type="radio"/> 51-65 <input type="radio"/> 66-80 <input type="radio"/> 81-90 <input type="radio"/> 91+

Required: You must enter a contact type (choose one: initial or follow up)

Required: You must enter a visit type (choose one that best describes how/where visit took place)

Keep scrolling...

Health/Wellness	Interventions	Monitoring
<input type="checkbox"/> Children's Health	<input type="checkbox"/> Active Listening	<input type="checkbox"/> Medications PA <input type="text" value="0"/>
<input type="checkbox"/> Diet/Nutrition	<input type="checkbox"/> Arrangement of Meals	<input type="checkbox"/> Other Readiness to Change Score <input type="text" value="99"/>
<input type="checkbox"/> Gen. Health	<input type="checkbox"/> Coordination of Support	<input type="checkbox"/> BP Current BMI: <input type="text"/>
<input type="checkbox"/> Infant's Health	<input type="checkbox"/> Empowerment/Advocacy	<input type="checkbox"/> Normal
<input type="checkbox"/> Knowl. Deficit	<input type="checkbox"/> Managing Chronic Disease(s)	<input type="checkbox"/> Prehypertension
<input type="checkbox"/> Live Alone	<input type="checkbox"/> Pain Management	<input type="checkbox"/> Stage I
<input type="checkbox"/> Living Arrang.	<input type="checkbox"/> Prayer	<input type="checkbox"/> Stage II
<input type="checkbox"/> Medications	<input type="checkbox"/> Presence	<input type="checkbox"/> HTN Urg/Em
<input type="checkbox"/> Men's Health	<input type="checkbox"/> Promoting Understanding	<input type="checkbox"/> BP Competency Co
<input type="checkbox"/> Mobility Altered	<input type="checkbox"/> Providing Information	<input type="checkbox"/>
<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> Spiritual/Sacramental	
<input type="checkbox"/> Physical Activity	<input type="checkbox"/> Surveillance	
<input type="checkbox"/> Safety	<input type="checkbox"/> Touch/Hug	
<input type="checkbox"/> Senses Impaired	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Women's Health	<input type="checkbox"/> Other	
<input type="checkbox"/> Wt. Loss/Gain		
<input type="checkbox"/> Other		

Recommended documentation:
Interventions (i.e. Empowerment/Advocacy, Promoting Understanding, Providing information). Choose all that apply.

Medical Diagnoses/Concerns			
<input type="checkbox"/> Blood Dyscrasia	<input type="checkbox"/> Endocrine, Diabetes	<input type="checkbox"/> MH, Loss/Grief	<input type="checkbox"/> NS, Muscular Dystrophy
<input type="checkbox"/> Cancer, Breast	<input type="checkbox"/> Endocrine, Thyroid Disorder	<input type="checkbox"/> MH, Stress	<input type="checkbox"/> NS, Parkinson's Disease
<input type="checkbox"/> Cancer, Prostate	<input type="checkbox"/> GI, Crohn's Disease	<input type="checkbox"/> MS, Arthritis	<input type="checkbox"/> NS, Retinopathy
<input type="checkbox"/> Cancer, Blood	<input type="checkbox"/> GI, Dentition	<input type="checkbox"/> MS, Fracture	<input type="checkbox"/> NS, Stroke/CVA
<input type="checkbox"/> Cancer, Bone	<input type="checkbox"/> GI, Irritable Bowel	<input type="checkbox"/> MS, Joint Replacement	<input type="checkbox"/> Obesity
<input type="checkbox"/> Cancer, Brain	<input type="checkbox"/> GI, Gallbladder	<input type="checkbox"/> MS, Osteoporosis	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Cancer, Metastatic	<input type="checkbox"/> ID, Hospital Acquired	<input type="checkbox"/> NS, Cataracts	<input type="checkbox"/> Pregnancy/Postpartum
<input type="checkbox"/> Cancer, Ovarian	<input type="checkbox"/> ID, Nursing Home Acquired	<input type="checkbox"/> NS, Dementia	<input type="checkbox"/> Pulmonary, Asthma
<input type="checkbox"/> Cancer, Uterine/Cervical	<input type="checkbox"/> ID, Community Acquired	<input type="checkbox"/> NS, Farsightedness	<input type="checkbox"/> Pulmonary, COPD
<input type="checkbox"/> Cardiac	<input type="checkbox"/> GI/GU	<input type="checkbox"/> NS, Glaucoma	<input type="checkbox"/> Pulmonary, Pneumonia
<input type="checkbox"/> CV, Heart Failure CHF	<input type="checkbox"/> Kidney/Nephrology	<input type="checkbox"/> NS, Hearing Loss	<input type="checkbox"/> Respiratory
<input type="checkbox"/> CV, HTN	<input type="checkbox"/> Mental Health	<input type="checkbox"/> NS, Nearsightedness	<input type="checkbox"/> Smoking
<input type="checkbox"/> CV, Hypercholesterolemia	<input type="checkbox"/> MH, Anxiety	<input type="checkbox"/> NS, Neuropathy	<input type="checkbox"/> Women's Health
<input type="checkbox"/> Chronic Disease	<input type="checkbox"/> MH, Depression	<input type="checkbox"/> NS, Macular Degeneration	<input type="checkbox"/> Other
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> MH, Drug/Substance Abuse	<input type="checkbox"/> NS, Multiple Sclerosis	<input type="checkbox"/> Special Project
<input type="checkbox"/> Dermatology, Skin			

Contact initiated by/Source Referred From (how did you get this contact for ACP?)
Source Referred To (if you referred the contact to another source). Choose any that apply.
Number of People Impacted (i.e. family members, selected health agent, etc.)

Contact Initiated by/Referral From	Referral To
<input type="checkbox"/> Case Mgmt./Social Worker	<input type="checkbox"/> Case Mgmt./Social Worker
<input type="checkbox"/> Congregational/Pastoral Staff	<input type="checkbox"/> Community Resource
<input type="checkbox"/> FCN/HM/HTM	<input type="checkbox"/> Congregational Resource/Pastoral Staff
<input type="checkbox"/> Community Health Care Professional	<input type="checkbox"/> ER/ED
<input type="checkbox"/> Home Care	<input type="checkbox"/> Community Health Care Professional
<input type="checkbox"/> Member/Patient	<input type="checkbox"/> Home Care
<input type="checkbox"/> Network/Health System	<input type="checkbox"/> Hospice
<input type="checkbox"/> Non-Member	<input type="checkbox"/> Network/Health System
<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Physician/PCP	<input type="checkbox"/> Palliative Care
<input type="checkbox"/> Inpatient Nursing Unit	<input type="checkbox"/> Physician/PCP
	<input type="checkbox"/> Inpatient Nursing Unit

Number of People Impacted

IMPORTANT!!

Please complete this area of documentation to enable critical tracking of the successful use of this Advance Care Planning Resource within Faith Community Nursing.

Advance Care Planning

Length of ACP Discussion (minutes) **1**

DPOA Present **3** Yes No

Meeting Synopsis **4**

5 Resource Materials Provided on

Assisted Ventilation Palliative Care

CPR Hospice

Tube Feedings and Other Nutritional Support Connecting with a Facilitator to Follow-up

Choosing a Healthcare Agent Other

If Other:

Follow-up Issues:

6 Patients expressed preferences/wishes converted into Advanced Directive or into Medical Order: Yes No

2 Stated Reason for ACP Meeting

Clarification of goals of ACP

Review Criteria for Choosing a Healthcare Agent

Establish Written Information on the Planning Process

Review the Completed Advance Directive

Discussion of fears and Concerns

Develop a Follow-up Plan

7 Status of Advance Care Planning

Section 1	Section 2	Section 3
Deselect	Deselect	
<input checked="" type="radio"/> ACP Discussion initiated <input type="radio"/> Agent/DPOA Health Care has been asked <input type="radio"/> Agent/DPOA Health Care has been accepted	<input checked="" type="radio"/> Discussion in progress <input type="radio"/> Adv. Dir. DPOA completed and signed <input type="radio"/> Adv. Dir. DPOA completed and signed & on file	Adv. Dir. DPOA revised Date: <input type="text"/> Adv. Dir. DPOA on file <input type="checkbox"/>

8 | |

- 1.** Type in the length (in minutes) of ACP discussion
- 2.** Click all reasons that apply for ACP discussion
- 3.** Is the DPOA present at discussion?
- 4.** In the 'Meeting Synopsis' box, type the following information:
 - Y or N if there was an ACP plan before discussion
 - Which Advance Care Planning presentation topics covered?
(i.e. *Intro to ACP, Medical POA, Living Will, Out of Hosp DNR*). List all that were discussed.
- 5.** Click all that apply for Resource Materials provided during this Advanced Care Planning Discussion and Follow-up Issues (if any identified)
- 6.** Did the Pt. sign an Advanced Directive with the discussion?
- 7.** Click the best statement in Section 1 and Section 2 to describe the status of this Advanced Care Planning Discussion (choose one option only per Section)

Section 3 only applies if current Advance Directive documents are revised (enter revision date) or if Advance Directive is kept on file at congregation (check the box)
- 8.** Click Submit