Performance Evaluation Form- Emergent Care for Injury Caused By Fall/Accident

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

EMPLOYEE TRAINING

1. Did the Case Manager who performed the OASIS assessment(s) successfully complete OASIS training before performing job duties?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **OASIS training:**

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Changes to **Policies & Procedures** _____

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2. Did the clinician successfully complete a competency evaluation in the skills needed to assess and perform care for a patient with the following deficits/needs before performing job duties?

a. Neurological, Behv., Emot. TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

b. Mobility and Strength TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

c. Transferring, Coordination TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

d. Architectural Barriers TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

e. Abuse/Neglect TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **competency testing**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

CARE-PLANNING IN RESPONSE TO OASIS DEFICITS

3. Was the Agency-accepted careplan or pathway implemented for each OASIS deficit?

a. M0310, M0320 - Structural and Safety Hazards:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

b. M0350-M0380 - Supportive Assistance:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

c. M0390 - Vision:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

d. M0560, M0570 - Cognitive Functioning, When Confused

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

e. M0670-M0700 – Bathing, Toileting, Transferring, Ambulation

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

Reasons for findings related to **careplan/pathway-implemented**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form- Emergent Care for Injury Caused By Fall/Accident

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

RESPONSE TO DETERIORATION IN STATUS

4. Was there documentation in the chart about deterioration in status related to the adverse event?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

5. If "Yes", did the clinician respond to all documented reports of deterioration according to professionally accepted standards of practice?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **response-to-deterioration-in-patient-status**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form- Emergent Care for Wound Infections, Deteriorating Wound Status

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

EMPLOYEE TRAINING

1. Did the Case Manager who performed the OASIS assessment(s) successfully complete OASIS training before performing job duties?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **OASIS training:**

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Changes to **Policies & Procedures** _____

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2. Did the clinician successfully complete a competency evaluation in the skills needed to assess and perform care for a patient with the following deficits/needs before performing job duties?

a. Integument Assessment. TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____
b. Nutritional Assessment TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____
c. Aseptic and Sterile Techn. TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____
d. Universal Precautions TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____
e. Wound Care TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **competency testing**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

CARE-PLANNING IN RESPONSE TO OASIS DEFICITS

3. Was the Agency-accepted careplan or pathway implemented for each OASIS deficit?

a. M0330: Sanitation Hazards:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

b. M0350-M0380 - Supportive Assistance:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

c. M0440–M0488: Integumentary Status:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

d. M0710, M0720: Feeding or Eating, Preparing Light Meals

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

Reasons for findings related to **careplan/pathway-implemented**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

RESPONSE TO DETERIORATION IN STATUS

4. Was there documentation in the chart about deterioration in status related to the adverse event?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

5. If "Yes", did the clinician respond to all documented reports of deterioration according to professionally accepted standards of practice?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **response-to-deterioration-in-patient-status**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form- Emergent Care for Improper Medication Administration, Medication Side Effects

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

EMPLOYEE TRAINING

1. Did the Case Manager who performed the OASIS assessment(s) successfully complete OASIS training before performing job duties?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **OASIS training:**

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Changes to **Policies & Procedures** _____

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2. Did the clinician successfully complete a competency evaluation in the skills needed to assess and perform care for a patient with the following deficits/needs before performing job duties?

a. Neurological, Behv., Emot. TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

b. Medication Administration TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **competency testing**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

CARE-PLANNING IN RESPONSE TO OASIS DEFICITS

3. Was the Agency-accepted careplan or pathway implemented for each OASIS deficit?

a. M0350-M0380 - Supportive Assistance:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

b. M0390 - Vision:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

c. M0560, M0570 - Cognitive Functioning, When Confused:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

d. M0780-M0800 – Medications

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

Reasons for findings related to **careplan/pathway-implemented**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

RESPONSE TO DETERIORATION IN STATUS

4. Was there documentation in the chart about deterioration in status related to the adverse event?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

5. If "Yes", did the clinician respond to all documented reports of deterioration according to professionally accepted standards of practice?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **response-to-deterioration-in-patient-status**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form- Emergent Care for Hypo/Hyperglycemia

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

EMPLOYEE TRAINING

1. Did the Case Manager who performed the OASIS assessment(s) successfully complete OASIS training before performing job duties?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **OASIS training:**

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Changes to **Policies & Procedures** _____

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2. Did the clinician successfully complete a competency evaluation in the skills needed to assess and perform care for a patient with the following deficits/needs before performing job duties?

a. Neurological, Behv., Emot.. TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

b. Medication Administration TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **competency testing**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

CARE-PLANNING IN RESPONSE TO OASIS DEFICITS

3. Was the Agency-accepted careplan or pathway implemented for each OASIS deficit?

a. M0350-M0380 - Supportive Assistance:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

b. M0390 - Vision:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

c. M0560, M0570 - Cognitive Functioning, When Confused:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

d. M0780-M0800 – Medications

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

Reasons for findings related to **careplan/pathway-implemented**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

RESPONSE TO DETERIORATION IN STATUS

4. Was there documentation in the chart about deterioration in status related to the adverse event?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

5. If "Yes", did the clinician respond to all documented reports of deterioration according to professionally accepted standards of practice?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **response-to-deterioration-in-patient-status**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form- Development of Urinary Tract Infection

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

EMPLOYEE TRAINING

1. Did the Case Manager who performed the OASIS assessment(s) successfully complete OASIS training before performing job duties?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **OASIS training:**

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Changes to **Policies & Procedures** _____

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2. Did the clinician successfully complete a competency evaluation in the skills needed to assess and perform care for a patient with the following deficits/needs before performing job duties?

a. Genitourinary TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

b. Nutrition TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

c. Aseptic Technique TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

d. Standard Precautions TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

e. Urinary Catheterization TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **competency testing**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

CARE-PLANNING IN RESPONSE TO OASIS DEFICITS

3. Was the Agency-accepted careplan or pathway implemented for each OASIS deficit?

a. M0320 – Sanitation Hazards:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

b. M0350-M0380 - Supportive Assistance:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

c. M0520, M0530 – Urinary Incontinence, Catheter Presence:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

d. M0710, M720 – Feeding/Eating, Planning/Preparing Meals:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

e. M0780-M0800 – Medications

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

Reasons for findings related to **careplan/pathway-implemented**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form- Development of Urinary Tract Infection

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

RESPONSE TO DETERIORATION IN STATUS

4. Was there documentation in the chart about deterioration in status related to the adverse event?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

5. If "Yes", did the clinician respond to all documented reports of deterioration according to professionally accepted standards of practice?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **response-to-deterioration-in-patient-status**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form - Increase in Number of Pressure Ulcers

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

EMPLOYEE TRAINING

1. Did the Case Manager who performed the OASIS assessment(s) successfully complete OASIS training before performing job duties?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **OASIS training:**

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Changes to **Policies & Procedures** _____

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2. Did the clinician successfully complete a competency evaluation in the skills needed to assess and perform care for a patient with the following deficits/needs before performing job duties?

a. Integumentary TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

b. Nutrition TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

c. Mobility and Transferring TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

d. Standard Precautions TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

e. Wound Care TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **competency testing**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

CARE-PLANNING IN RESPONSE TO OASIS DEFICITS

3. Was the Agency-accepted careplan or pathway implemented for each OASIS deficit?

a. M0350-M0380 - Supportive Assistance:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

b. M0440, M0488 – Integumentary Status:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

c. M0680-M0700 – Toileting, Transferring, Ambulation/Locomotion:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

d. M0710, M720 – Feeding/Eating, Planning/Preparing Meals:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

Reasons for findings related to **careplan/pathway-implemented**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

RESPONSE TO DETERIORATION IN STATUS

4. Was there documentation in the chart about deterioration in status related to the adverse event?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

5. If "Yes", did the clinician respond to all documented reports of deterioration according to professionally accepted standards of practice?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **response-to-deterioration-in-patient-status**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form - Substantial Decline in Three or More ADLs

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

EMPLOYEE TRAINING

1. Did the Case Manager who performed the OASIS assessment(s) successfully complete OASIS training before performing job duties?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **OASIS training:**

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Changes to **Policies & Procedures** _____

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2. Did the clinician successfully complete a competency evaluation in the skills needed to assess and perform care for a patient with the following deficits/needs before performing job duties?

a. Neurological, Behv., Emot. TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

b. Mobility and Strength TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

c. Transferring, Coordination TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

d. Abuse/Neglect TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **competency testing**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form - Substantial Decline in Three or More ADLs

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

CARE-PLANNING IN RESPONSE TO OASIS DEFICITS

3. Was the Agency-accepted careplan or pathway implemented for each OASIS deficit?

a. M0310, M0320 - Structural and Safety Hazards:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

b. M0350-M0380 - Supportive Assistance:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

c. M0390 - Vision:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

d. M0560, M0570 - Cognitive Functioning, When Confused:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

e. M0640-M0720 – ADLs

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

Reasons for findings related to **careplan/pathway-implemented**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form - Substantial Decline in Three or More ADLs

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

RESPONSE TO DETERIORATION IN STATUS

4. Was there documentation in the chart about deterioration in status related to the adverse event?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

5. If "Yes", did the clinician respond to all documented reports of deterioration according to professionally accepted standards of practice?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **response-to-deterioration-in-patient-status**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form - Substantial Decline in Management of Oral Medications

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

EMPLOYEE TRAINING

1. Did the Case Manager who performed the OASIS assessment(s) successfully complete OASIS training before performing job duties?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **OASIS training:**

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Changes to **Policies & Procedures** _____

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2. Did the clinician successfully complete a competency evaluation in the skills needed to assess and perform care for a patient with the following deficits/needs before performing job duties?

a. Neurological, Behv., Emot. TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

b. Medication Administration TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **competency testing**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

CARE-PLANNING IN RESPONSE TO OASIS DEFICITS

3. Was the Agency-accepted careplan or pathway implemented for each OASIS deficit?

a. M0350-M0380 - Supportive Assistance:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

b. M0390 - Vision:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

c. M0560, M0570 - Cognitive Functioning, When Confused:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

d. M0780-M0800 – Medications

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

Reasons for findings related to **careplan/pathway-implemented**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

RESPONSE TO DETERIORATION IN STATUS

4. Was there documentation in the chart about deterioration in status related to the adverse event?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

5. If "Yes", did the clinician respond to all documented reports of deterioration according to professionally accepted standards of practice?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **response-to-deterioration-in-patient-status**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form - Unexpected Nursing Home Admission

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

EMPLOYEE TRAINING

1. Did the Case Manager who performed the OASIS assessment(s) successfully complete OASIS training before performing job duties?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **OASIS training:**

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Changes to **Policies & Procedures** _____

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2. Did the clinician successfully complete a competency evaluation in the skills needed to assess and perform care for a patient with the following deficits/needs before performing job duties?

a. Neurological, Behv., Emot. TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

b. Mobility and Strength TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

c. Transferring, Coordination TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

d. Architectural Barriers TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

e. Abuse/Neglect TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **competency testing**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

CARE-PLANNING IN RESPONSE TO OASIS DEFICITS

3. Was the Agency-accepted careplan or pathway implemented for each OASIS deficit?

a. M0350-M0380 - Supportive Assistance:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

b. M0390 - Vision:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

c. M0560, M0570 - Cognitive Functioning, When Confused:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

d. M0670-M0700 – Bathing, Toileting, Transferring, Ambulation

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

e. M0780-M0800 – Medications

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

Reasons for findings related to **careplan/pathway-implemented**: _____

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Changes to **Policies & Procedures** _____

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TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

RESPONSE TO DETERIORATION IN STATUS

4. Was there documentation in the chart about deterioration in status related to the adverse event?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

5. If "Yes", did the clinician respond to all documented reports of deterioration according to professionally accepted standards of practice?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **response-to-deterioration-in-patient-status**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form - Unexpected Death

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

EMPLOYEE TRAINING

1. Did the Case Manager who performed the OASIS assessment(s) successfully complete OASIS training before performing job duties?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **OASIS training:**

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Changes to **Policies & Procedures** _____

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2. Did the clinician successfully complete a competency evaluation in the skills needed to assess and perform care for a patient with the following deficits/needs before performing job duties?

a. Pertinent dx-spec assess. TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

b. Medication Administration TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

c. Abuse/Neglect TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **competency testing**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form - Unexpected Death

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

CARE-PLANNING IN RESPONSE TO OASIS DEFICITS

3. Was the Agency-accepted careplan or pathway implemented for each OASIS deficit?

a. M0310, M0320 - Structural and Safety Hazards:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

b. M0350-M0380 - Supportive Assistance:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

c. M0390 - Vision:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

d. M0560, M0570 - Cognitive Functioning, When Confused:

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

e. M0690-M0700 –Transferring, Ambulation

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

f. M0780-M0800 – Medications

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____ % NO ACCEPTED REASON _____

Reasons for findings related to **careplan/pathway-implemented**: _____

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Changes to **Policies & Procedures** _____

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Performance Evaluation Form - Unexpected Death

TOTAL NUMBER OF CLINICIANS _____ TOTAL NUMBER OF PATIENT CHARTS _____

RESPONSE TO DETERIORATION IN STATUS

4. Was there documentation in the chart about deterioration in status related to the adverse event?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

5. If "Yes", did the clinician respond to all documented reports of deterioration according to professionally accepted standards of practice?

TOTAL YES _____ TOTAL NO _____ % TOTAL NO _____

Reasons for findings related to **response-to-deterioration-in-patient-status**: _____

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Changes to **Policies & Procedures** _____

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