

 Seniors and People with Disabilities State Operated Community Program (SOCP) Policies and Procedures	Supersedes: June 1, 2002	Policy Number: 4.007
	Effective Date: July 1, 2004	
	Approval Signature:	
Subject: Individual Health Care		

REFERENCE:

OAR 411-325-0120 (1a) (3c) (12); 411-325-0310; 411-325-0430 (3 c, d);
411-340-0170
SOCP Policy #3.003 (Confidentiality)

POLICY:

SOCP will monitor the health status of individuals, maintain accurate records, and provide supports necessary for individuals to receive care promoting their health and well being. When the individual’s medical, behavioral or physical needs change to a point that they cannot be met by SOCP, the Services Coordinator will be notified immediately and that notification documented in the individual’s chart.

DOCUMENTATION

Responsibility	Action
Site Manager	<p>All individual medical records will be kept confidential, current, and organized in a manner that permits staff and medical persons to follow easily the individual’s course of treatment. (Policy 3.003)</p> <p>A segregated, locked file will be maintained for any individual’s HIV/other sexually transmitted disease information upon his/her request.</p> <p>The Individual Support Plan (ISP) will contain a current Health List or Nursing Care Plan that contains a current list of medical conditions and the treatment strategies for each condition. A part of the ISP will be the completion of the Risk Tracking Record that helps to identify specific medical/behavioral issues that are potentially high risk and gives direction for supports that the team will follow-up on.</p>
Support Staff	<p>Maintain records on each individual to aid physicians, medical professionals, and the program in understanding the individual’s medical history and current treatment plan. It will include a medical history, current medical conditions, medical diagnosis, known allergies, immunizations and current signed physicians’ orders for all medications, treatments (except over-the-counter topical), therapies, modified or special diets, adaptive equipment, and aids to physical functioning.</p>

Responsibility	Action
	<p>Consistently use progress notes (Attachment A) to document all medical or medically related events and to follow medical issues to resolution. Each individual will have a maintained medical history outlining all known hospitalizations and surgeries (Attachment B).</p> <p>Daily use of a communication log/shift report (Attachment C) in each home to facilitate information exchange between staff (retain for 30 days).</p>

TREATMENT

Responsibility	Action
Site Manager	<p>Assure each individual has a primary physician or health care provider whom he/she, the parent, guardian or legal representative has chosen from qualified providers.</p> <p>Assure each individual receives a medical evaluation by a qualified health care provider no less than every two years or as recommended by a physician.</p> <p>Assure no individual has PRN orders for psychotropic medications (unless a variance is obtained).</p>
Support Staff	<p>Assure all visits to medical professionals are documented on a Physician Visit/Order form or consultation form as appropriate to the specific discipline (e.g. PT/OT/dietitian) and filed in the individual's medical record.</p> <p>Use the Physician Telephone Order form to document orders made by the physician over the telephone. The completed form will be sent to the physician for his/her signature. A copy of the completed form will be retained to transcribe the order and this will be matched to and filed with the signed copy upon return from the physician.</p> <p>Assure individuals have their health status and physical condition monitored and timely action will be taken in response to identified changes that could lead to deterioration or harm.</p>

Attachment A: Progress Notes
Attachment B: Hospitalization & Surgery Record
Attachment C: Daily Log

Policy Title:	4.007 Individual Health Care			
Policy Number:	4.007	Version:	0.2	Effective Date: mm/dd/2008

Approved By: *Authorized Signer Name*

Date Approved

Overview

Description: The State Operated Community Program (SOCP) must have and implement policies and procedures, that maintain, monitor and protect the health status of individuals.

Purpose/Rationale: All individuals served by the SOCP will receive any and all appropriate medical treatments and interventions. Medical-ethical decisions, especially those regarding life-sustaining treatment will be carefully considered, regularly reviewed and documented.

Applicability: Assure individuals have their health status and physical condition monitored and timely action taken in response to identified changes that could lead to deterioration or harm. Forms/documentation/POLST are designed to transfer across treatment settings, so it is readily available to medical personnel, including emergency medical technicians (EMT's), emergency physicians, and care program.

Failure to Comply: Violations may result in a civil penalty up to \$500 per day for each violation not to exceed \$6,000 for all violations for any licensed 24-hour residential home or facility within a 90-day period.

Policy

1. **Medical records** will be kept confidential, current and organized in a manner that permits staff and medical person to easily follow the individual's course of treatment.
2. **The Individual Support Plan (ISP)** will contain a current Health or Nursing Care Plan with current list of medical conditions and the treatment strategies for each condition.
 - a. The program must ensure each individual receives a medical evaluation by a qualified health care provider no less than every **two** years or as recommended by a physician;
 - b. The Risk Tracking Record will be completed as part of the ISP, to identify specific medical/behavioral high risk issues with directions for supports and team follow-up;
 - c. Maintain current records/documentation for:
 - Medical history
 - Medical conditions
 - Diagnosis
 - Record of hospitalizations and surgeries
 - Known allergies
 - Immunizations
 - Therapies
 - Record of Physician Visits
(no less than every two years)
- All medications and treatments must be recorded on an individualized medication administration record (MAR).

3. Implementation: Signed physician's or qualified health care provider's written, signed order is required prior to the usage or implementation of all to the following:

- Aids for physical functioning
- Treatments other than 1st Aid
- Adaptive equipment
- Prescription medications
- Modified or special diets
- Non-prescription medications
(except over-the-counter topical)

4. Notification. When the individual's medical/behavior/physical needs cannot be met by the program, the services coordinator MUST be immediately notified and documented.

Policy that apply:

2.009 Records and Retention, 3.001 Behavior Supports, 3.005 Individual Rights, 4.004 Medication Administration, 5.006 Individual Summary Sheets

Procedure(s) that apply:

2.009.05 Records and Retention, Clients' Books and Storage
4.007.01 Client Notebooks and Medical Records
4.007.02 POLST/Limited Code

Form(s) that apply:

DHS 4596 Attachment A: Progress Notes (06/08) Mandatory
DHS 4650 Attachment B: Hospitalization and Surgery Record (07/08) Mandatory
DHS 4629 Attachment C: Daily Log (05/08) Mandatory
DHS 4613 Health List (04/07) Mandatory
DHS 4615 Monthly Summary Report (04/07) Mandatory
DHS 4649 Weight Record (07/08) Mandatory
DHS 4651 Annual Menstuation Record (07/08) Mandatory
DHS 4573 Medication Administration Record (4.004B) Mandatory
DHS 4621 Addendum to Physician Orders (4.004D) Mandatory (10/07)
SOCP023 Physician TelOrders (06/06) Mandatory
DHS 4576 Attachment E: PVO Physician Visit/Orders (06/07) (4.004A & 4.007E) Mandatory
DHS 4556 Client Demographic Form (01/07) Mandatory or Tool?
 Psychotropic Drug Record (4.006) Mandatory
 Balancing Test/Form (3.001, 3.005B) Mandatory
 Registered Nurse Communication Log Mandatory
 Immunization Record (4.003A) Mandatory
 Influenza Immunization Informed Consent Mandatory (4.003B)
 Risk Tracking Record (5.006)
DHS 2097 HIPPA Disclosure of Protected Health Information Mandatory
DHS 2099 Authorization for Use and Disclosure of Information Mandatory
DHS XXXX, Limited Code Form
Oregon Physician's Orders for Life-Sustaining Treatment Form (POSLT)
Seizure Report, Log, Calendar (06/06) Tool
DHS 4645 Bowel Record (06/08) Tool
DHS 4616, 4616G Placement Referral Assessment Guidelines and Form

Reference(s):

OAR 411-325-0120 (1a) (2) (3c) (12); 411-325-0310 (3 c,d); 411-340-0170
OAR 411-325-0120 Oregon Administrative Rules (OAR) 847-035-0030 (b) POLST protocol
Oregon Revised Statutes (ORS) 127.510, 127.535, 127.540, 127.635 Health Care Directives

Definition(s):

Limited Code: A set of instructions, which defines limitations, placed on the scope of medical interventions in response to life sustaining treatment in the face of a life defining illness or end of life situation.

Individual Support Plan (ISP) Team: Individuals/members of the decision-making body for the individuals served by State Operated Community Program (SOCP). Members may include, but are not limited to, the Individual, Guardian, Health Care Representative, MD, Service Coordinator, Direct Care Staff, Site Manager, Program Administrator, Vocational Coordinator, Behavior Specialist, Nurse and Nurse Manager.

POLST: Physician's Orders for Life Sustaining Treatment

Contact(s):

SPD/SOCP Business Manager

Phone: 503-378-5952 ext. 239

FAX: 503-378-5917

Email: Subject line - SOCP Policy elaine.m.stauffer@state.or.us

Policy History:

- **Version 2.0:**
 - 01/01/2008 (Reaffirmed)
 - 07/01/2004 (OAR 411-325-0120; 411-340-170 Revised)
- **Version 1.0:**
 - 06/01/2002 (OAR 309-049-0075 Repealed 2003)
 - 02/24/1998 (OAR 309-049-0075 Initial Release)

Keywords:

Confidentiality, Medical treatments, Interventions, Treatment preferences, Medical Orders, End-of-Life, Life-sustaining Treatment, Individual Health Care, Risk Tracking Record, Individual Support Plan, Individual Summary Sheet, POLST

DRAFT

Procedure Title:	Client Book Storage		
Procedure Number:	2.009.05	Version:	1.0
Effective Date:	XX/XX/2008		

Approved By: *(Authorized Signer Name)*

Date Approved

Procedure

Step	Responsible Party	Action
1.		<p>Volume 1</p> <ol style="list-style-type: none"> Client Books – each individual will have one current notebook that stores current information. According to the SOCP Retention Schedule Attachment A - Documents will be removed from Volume 1, placed in Volume 2 or destroyed. (see Attachment A) This process is done at the time of the annual ISP of the individual or the end of the calendar year in the case of the financial records.
2.		<p>Volume 2</p> <ol style="list-style-type: none"> Volume 2 contains all the information needed for a licensing review that is not a part of Volume 1. As documents are being moved from Volume 1 to Volume 2: <ul style="list-style-type: none"> Duplicate information will be destroyed or stored in accordance with the SOCP Retention Schedule. (Attachment A) Records to be destroyed will be shredded. Will be organized per SOCP Official Record Storage.
3.		<p>SOCP Official Record Storage specifications: Each home should have one storage box per client. SOCP Archival location – 4494 River Rd. N.</p> <p>Box recommendation - Boise Cascade Recycled Fastfold Storage Files E512775, 12 x 10 x 15. (seam to the back)</p> <p>Folder recommendation - Pressguard or Oxford Pressboard folders.</p> <p>Organized per SOCP Official Record Storage – Filed facing the front in chronological order (most current in the front), by year, in the same order as Volume 1 by individual client. Client name must be on each record and easily visible when the box is open.</p>
		<i>Cont.</i>

		<p>Death and/or discharge records are to be compiled, organized and sent to the SOCP Central Office, 4494 River Rd. N, for storage after the homes licensing review.</p> <ul style="list-style-type: none">• Records should be purged of duplicates and documents that should be destroyed according to the Record Retention Schedule.• These records are placed 1 (one) person to a box or boxes as needed. Records should all face the same direction in the box.
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Policy that applies:

2.009 Records, Retention and Archiving
DHS Archives DHS-050-005

Form(s) that apply:

Retention Schedule Attachment A 4/01/2008

Contact(s):

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Procedure History:

Example:

- **Version 1.0:**
 - XX/XX/2008 (Initial Release)

Keywords:

Records, Retention, Archiving, Record copy, Retention period, Black book, Files, Storage, Documents

Procedure Title:	Client(s)' Notebooks and Medical Records		
Procedure Number:	4.007.01	Version:	1.0
Effective Date:	mm/dd/2008		

Approved By: *(Authorized Signer Name)*

Date Approved

Procedure

Step	Responsible Party	Action		
1.	Site Manager	<p>Records are kept confidential:</p> <ul style="list-style-type: none"> a) Records may be disclosed to direct service providers who provide care/treatment to individuals; b) Any request outside of the designated service providers MUST be approved following "Health Insurance Portability and Accountability Act" (HIPPA); c) Assure that: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • No client names are visible on the backs of notebooks, etc. • Paperwork to non-direct service providers be redacted of individual client information. • Maintain a segregated, locked fire for any individual's HIV/other sexually transmitted disease information upon his/her request. </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Licensing/survey reviewers receive only records for individual being reviewed. • Confidential FAX numbers (physicians /dentists) are kept in confidential areas. </td> </tr> </table> 	<ul style="list-style-type: none"> • No client names are visible on the backs of notebooks, etc. • Paperwork to non-direct service providers be redacted of individual client information. • Maintain a segregated, locked fire for any individual's HIV/other sexually transmitted disease information upon his/her request. 	<ul style="list-style-type: none"> • Licensing/survey reviewers receive only records for individual being reviewed. • Confidential FAX numbers (physicians /dentists) are kept in confidential areas.
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2.	Site Manager	<p>The Individual Support Plan (ISP) will contain a current Health List or Nursing Care Plan containing a current list of medical conditions with treatments for each condition.</p> <ul style="list-style-type: none"> • A part of the ISP will be the completion of the Risk Tracking Record (RTR) that helps identify specific medical/behavioral issues that are potentially high risk and give direction for supports for team follow-up. 		
3.	Support Staff	<p>Assure maintenance of current records/documentation for each individual:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Medical history • Medical conditions • Diagnosis • Record of hospitalizations and surgeries • All medications and treatments must be recorded on an individualized medication administration record (MAR). </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Known allergies • Immunizations • Therapies • Physician Visits Record <i>(no less than every two years)</i> </td> </tr> </table>	<ul style="list-style-type: none"> • Medical history • Medical conditions • Diagnosis • Record of hospitalizations and surgeries • All medications and treatments must be recorded on an individualized medication administration record (MAR). 	<ul style="list-style-type: none"> • Known allergies • Immunizations • Therapies • Physician Visits Record <i>(no less than every two years)</i>
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		<p>Signed physician's or qualified health care provider's written, signed order is required prior to the usage or implementation of:</p> <ul style="list-style-type: none"> • Aids for physical functioning • Adaptive equipment • Treatments other than • 1st Aid • Prescription medications • Modified or special diets • Non-prescription medications (<i>except over-the-counter topical</i>)
4.	Site Manager Staff	<p>Assure all visits and treatments are documented on the appropriate form in accordance with the State Operated Community Program Training.</p> <ul style="list-style-type: none"> • Write objectively, observable facts; • Always make entries legible; • Always finish entries with you signature to include first initial/last name/title; • Use only black or blue ink; • Never use white out when making corrections: <ul style="list-style-type: none"> ○ If an error is made, draw one line through the error. ○ Initial at the end of the error line.

Policy that apply:

2.009 Records and Retention, 3.001 Behavior Supports, 3.005 Individual Rights, 4.004 Medication Administration, 5.006 Individual Summary Sheets

Form(s) that apply:

- DHS 4596 Attachment A: Progress Notes (06/08) Mandatory
- DHS 4650 Attachment B: Hospitalization and Surgery Record (07/08) Mandatory
- DHS 4629 Attachment C: Daily Log (05/08) Mandatory
- DHS 4613 Health List (04/07) Mandatory
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- SOCP023 Physician TelOrders (06/06) Mandatory
- DHS 4576 Attachment E: PVO Physician Visit/Orders (06/07) (4.004A & 4.007E) Mandatory
- DHS 4556 Client Demographic Form (01/07) Mandatory or Tool?
 - Psychotropic Drug Record (4.006) Mandatory
 - Balancing Test/Form (3.001, 3.005B) Mandatory
 - Registered Nurse Communication Log Mandatory
 - Immunization Record (4.003A) Mandatory
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- DHS 2097 HIPPA Disclosure of Protected Health Information Mandatory
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- Seizure Report, Log, Calendar (06/06) Tool
- DHS 4645 Bowel Record (06/08) Tool
- DHS 4616, 4616G Placement Referral Assessment Guidelines and Form

Contact(s):

SPD/SOCP Business Manager

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Procedure History:

Example:

- **Version 2.0:**
 - 01/01/2004 (Reaffirmed)
 - 07/01/2003 (Revised)
- **Version 1.0:**
 - 01/01/2003 (Reaffirmed)
 - 01/01/2002 (Initial Release)

Keywords:

Confidentiality, Medical treatments, Interventions, Treatment preferences, Medical Orders, End-of-Life, Life-sustaining Treatment, Individual Health Care, Risk Tracking Record, Individual Support Plan, Individual Summary Sheet, POLST

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Procedure Title:	POLST / Physician Orders for Life-Sustaining Treatment Limited Code / Limited Life-Sustaining Medical Interventions				
Procedure Number:	4.007.02	Version:	1.0	Effective Date:	mm/dd/2008

Approved By: *(Authorized Signer Name)*

Date Approved

When an individual is known to be near the end of life due to a serious, declining and/or irreversible health condition as determined by a the attending physician or other qualified health practitioner, the Individual Support Plan (ISP) Team and/or guardian/health care representative may request limitations to the scope of life sustaining medical interventions (Limited Code) and implement Physician Orders for Life-Sustaining Treatment (POLST). Significant discussions must take place prior to withholding any life-sustaining treatment, which take into consideration the best interests of the individual, the individual's choices (if able to communicate them) and quality of life issues.

The following procedures will take place prior to implementing any limitation to the scope of life sustaining medical intervention.

Procedure

Step	Responsible Party	Action
1.	Individual Support Plan (ISP) Team	Meet and document discussions involving the diagnosis and/or condition warranting the Limited Code and/or POLST. <ul style="list-style-type: none"> • Who was present at the meeting: <ul style="list-style-type: none"> ○ their relationship to the individual; ○ each person's opinion; ○ differences of opinions noted; and ○ each person's opinion. • Individuals' wishes and statements. • SOCP's best interest of the of individual(s)' or individual(s)' choice if they could communicate. • Physician involvement and input.
2.	ISP Team	Document the specific measures to be taken that are agreed upon by the individual/team/guardian/health care representative in the POLST Form or Limited Code Form.
3.	ISP Team	a) The ISP team will review the Limited Code/POLST forms a minimum of annually and file it in the front of the Individuals Support Book; or b) As needed , in the event of any significant change in the individuals health: <ul style="list-style-type: none"> • Better or worse health condition;

		<ul style="list-style-type: none"> • Changes in the individual's wishes; and/or • Changes in the wishes of the guardian, health care representative, health care proxy and/or authorized surrogate.
4.	Staff and Site Manager	<p>POLST Form/Limited Code Form is given to Emergency Medical Technicians (EMTs) as guidelines for treatment "Out-of-Hospital Do Not Resuscitate (DNR)" during transport of the individual to the hospital.</p> <p>The intent of the POLST/Limited Code Form is to ensure that the wishes of the individual, team, guardian and/or health care representative are honored.</p>

Policy that applies:

OAR 847-035-0030 (b) Voluntary POLST protocol
 Available at www.ohsu.edu/plst/state/or.shtml

ORS 127.510, 127.535, 127.540, 127.635

4.007 Individual Health Care

Form(s) that apply:

DHS ##### Limited Code Discussion Form 3 pages
 (Contains Overview page 1, Form page 2, Meeting Roster page 3)
 Oregon Physician Orders for Life-Sustaining Treatment (POLST)
 DHS ##### Risk Tracking Record

Contact(s):

SPD/SOCP Business Manager

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Procedure History:

- **Version 1.0:**
 - 01/01/2003 (Reaffirmed)
 - 01/01/2002 (Initial Release)

Keywords:

Oregon Advance Directive, Physician Orders for Life-Sustaining Treatment, Scope of Life-sustaining Medical Interventions (Limited Code), End-of-Life Directive, Do Not Resuscitate (DNR) protocols, Out-of-Hospital DNR, Advance Directive

Procedure Title:	Client(s)' Notebooks and Medical Records		
Procedure Number:	4.007.01	Version:	1.0
		Effective Date:	mm/dd/2008

Approved By: *(Authorized Signer Name)*

Date Approved

Procedure

Step	Responsible Party	Action
1.	Site Manager	<p>Records are kept confidential:</p> <ul style="list-style-type: none"> a) Records may be disclosed to direct service providers who provide care/treatment to individuals; b) Any request outside of the designated service providers MUST be approved following "Health Insurance Portability and Accountability Act" (HIPPA); c) Assure that; <ul style="list-style-type: none"> <li style="width: 50%;">• No client names are visible on the backs of notebooks, etc. <li style="width: 50%;">• Licensing/survey reviewers receive only records for individual being reviewed. <li style="width: 50%;">• Paperwork to non-direct service providers be redacted of individual client information. <li style="width: 50%;">• Confidential FAX numbers (physicians /dentists) are kept in confidential areas. <li style="width: 100%;">• Maintain a segregated, locked fire for any individual's HIV/other sexually transmitted disease information upon his/her request.
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Policy that apply:

2.009 Records and Retention, 3.001 Behavior Supports, 3.005 Individual Rights, 4.004 Medication Administration, 5.006 Individual Summary Sheets

Form(s) that apply:

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- Seizure Report, Log, Calendar (06/06) Tool
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Contact(s):

SPD/SOCP Business Manager

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Email: Subject line - SOCP Policy elaine.m.stauffer@state.or.us

Procedure History:

Example:

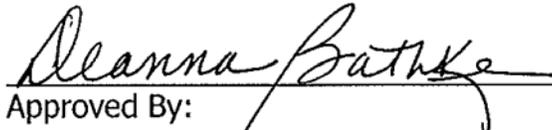
- **Version 2.0:**
 - 01/01/2004 (Reaffirmed)
 - 07/01/2003 (Revised)
- **Version 1.0:**
 - 01/01/2003 (Reaffirmed)
 - 01/01/2002 (Initial Release)

Keywords:

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DRAFT

Policy Title:	POLST / Physician Orders for Life-Sustaining Treatment Limited Code / Limited Life-Sustaining Medical Interventions		
Procedure Number:	4.007.02	Version:	1.0
		Effective Date:	01/04/2010


Approved By:

1/4/2010
Date Approved

Physician Orders for Life-Sustaining Treatment (POLST)/Limited Code form(s) are portable medical orders based on clients' values for life sustaining treatments.

1. A POLST may be requested when an individual is known to be near the end of life due to a serious, declining and/or irreversible health condition as determined by an attending physician or other qualified practitioner. The individual, family and/or guardian may request limitations to the scope of life sustaining medical interventions (POLST/Limited Code).
2. A temporary POLST may be required by physicians before minor surgeries and/or temporary non-life threatening hospitalizations.

The State Operated Community Program (SOCP) will maintain/keep POLST(s) on file but SOCP staff WILL NOT follow the POLST/Limited Code.*

SOCP Behavior Homes will call 911, taking all means necessary to maintain life, until the Emergency Medical Technicians arrive on the scene. Upon arrival, the staff will give the EMT(s) the POLST.

***Exceptions:**

SOCP medical homes, with 24-hour on site registered nurse(s).

- The RN's WILL follow a POLST, if applicable.
- RN's and SOCP staff WILL NOT follow a POLST, if the medical home client does not have a guardian and/or a healthcare representative.

SOCP behavior homes with individuals under the care of a hospice nurse (due to a terminal illness) WILL follow a POLST. In this case the staff will also follow the POLST.

Procedure

Step	Responsible	Action: Upon entering SOCP behavior/medical group homes and annually, thereafter.
1.	Program Manager and Individual Support Plan (ISP) Team	Program Managers will assure that all family/guardians are notified of the SOCP policy surrounding the use of a POLST* or Limited Code Orders upon admission. The team will review POLST(s) a minimum of annually . This will be documented on the Individual Support Plan (ISP). It will be the responsibility of the family/guardian to keep the POLST current and to provide SOCP with a current copy, if changes are made, or if they have chosen to discontinue its use. Behavior Homes will keep a POLST (if applicable) on file for use by Emergency Medical Technicians. SOCP staff will take all means necessary to maintain life, until the EMT(s) arrive and give them a copy of the POLST.

		<p><u>*Exceptions:</u></p> <p>SOCP medical homes, with 24-hour on site registered nurse(s).</p> <ul style="list-style-type: none"> • The RN's WILL follow a POLST, if applicable. • RN's and SOCP staff WILL NOT follow a POLST, if the medical home client does not have a guardian and/or a healthcare representative. <p>SOCP behavior homes with individuals under the care of a hospice nurse (due to a terminal illness) WILL follow a POLST. In this case the staff will also follow the POLST.</p>
2.	ISP Team	<p>a) Upon admission to SOCP: Meet, review and document discussions involving the diagnosis and/or condition warranting the POLST or Limited Code.</p> <ul style="list-style-type: none"> • Who was present at the meeting: <ul style="list-style-type: none"> ○ their relationship to the individual; ○ each person's opinion; ○ differences of opinions noted • Individuals' wishes and statements • SOCP's best interest of the individual or the individuals' choice if they could communicate • Physicians involvement and input <p>b) As needed, in the event of any significant change in the individuals health:</p> <ul style="list-style-type: none"> • Better or worse health condition; • Changes in the individuals' wishes; and/or • Changes in the wishes of the guardian, health care representative, health care proxy and/or authorized surrogate.
3.	ISP Team	<p>Specific Measures: Meet and document the specific measures to be taken and are agreed upon by the individual/ team/ guardian/ health care representative in the POLST.</p>
4.	ISP Team	<p>Location: The ISP team will file the POLST on the top of the Medication Administration Record/Treatment Administration Record (MAR/TAR) and on the front page of the Individual Support Book readily accessible to give to attending EMT(s) upon arrival.</p>

Policy that applies:

4.007 Medical Services: Individual Health Care

Form(s) that apply:

DHS 4672 Physician Orders for Life-Sustaining Treatment (POLST)/Limited Code

Contact(s):

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Keywords: Oregon Advance Directive, Physician Orders for Life-Sustaining Treatment, Scope of Life-sustaining Medical Interventions (Limited Code), End-of-Life Directive, Do Not Resuscitate (DNR) protocols, Out-of-Hospital DNR, Advance Directive