MILLE LACS BAND OF OJIBWE
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE

Department: Substance Use Disorder-Four Winds Lodge **Policy Number:** HHS-SUD-FW 4762

Policy Title: Weekly Chart Audits
Attachments: Weekly Audit Tool

Revision History: **Revised by/Date:** Lindsay Misquadace-Berg 5/20

Approved by:
Lindsay Misquadace-Berg, Treatment Director **Date:** 11/17/2021

Approved by:
Nicole Anderson, Commissioner of HHS **Date:** 11-29-2021

POLICY STATEMENT: Mille Lacs Band Four Winds Lodge must have a written procedure for assessing and monitoring client's health, including a standardized data collection tool for collecting health related information on each individual client.

PURPOSE: The purpose of this policy is to verify that the RN Supervisor, or designee, are responsible for implementing this procedure and to assure that all staff are aware of and receive training on chart audits.

PROCEDURES:

A. The RN Supervisor/designee will ensure nursing chart audits are completed on the 7th day the client is in treatment and weekly thereafter.

B. The results of the chart audit will be entered into the Chart Audit Data Base.

C. The RN Supervisor will review the results of the nursing chart audit. The RN Supervisor will implement changes with personnel to improve any areas noted by the chart audit that need improvement.

Internal and/or External References	
Compliance - Posting Date	11/29/2021
Replaces – Policy Number	
Next Review - Due Date	

P=PROCENTIVE (PUT IN DATE DONE) C=Chart NO=not done or N/A

CLIENT WEEKLY CHART AUDIT-Initial

{Client Label}

Allergies:	Day of Admit Date:_____			Week 1 Date:_____			Week 2 Date:_____			Week 3 Date:_____			Week 4 Date: _____		
Date Base (Red)	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**
Allergy Sticker															
DNR/DNI															
Birth/Death Certificate															
Photograph/Identification Page															
Emergency Contact Release of Information															
Advance Directive Acknowledgement															
Advance Directive/Living Will															
Counselor Discharge/Termination Summary															
MH Discharge Summary															
Aftercare/Transition services plan															
Nursing /Discharge Form															
Assessments (Green)	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**
Comprehensive Assessment															
Comprehensive Assessment Summary															
History and Physical-7 *Days*															
Residential Admission Screen *8 Hours*															
Falls Assessment															
Nutritional Assessment															
Pain Assessment															

Sleep Assessment															
Suicide Risk Assessment															
Dietary Assessment															
Violence Risk Assessment															
Self-Assessments: Concerned Person Question															
Interest Inventory															
Self-Assessment															
Spiritual Screen															
Strengths and Needs															
Other Assessments															
Treatment Program Plans (Yellow)	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**
Initial Service Plan- *8 Hrs. After Admit*															
Progress Note and Treatment Plan Review															
Treatment Plan															
Individual Abuse Prevention Plan															
Behavior Contract															
Mental Health (Lime Green)	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**No**	**NO**	**P**	**C**	**NO**
Diagnostic Assessment															
MH Treatment Plan															
Gain Short Screener															
Whoda's															
Progress Notes (Turquoise)	**P**	**C**	**N0**	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**No**	**NO**	**P**	**C**	**NO**
Simple Group Notes															
Nurses Charting-TID for 72-hrs. Freq observations daily thereafter (behavior, atypical w/ PT.) CHECK FOCUS CHARTING FOR CONTENT AND COMPLETION.															

First Dose Medication Monitoring															
Therapeutic Precautions /Monitoring															
Nurses Notes															
Physician/NP/LIP Progress Notes															
ORDERS and Medication (Lavender)	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**
Medication History and Reconciliation Form															
Routine Orders															
Physician's Order Sheet															
Disposition of Clients Medications															
Medication Administrative Record															
PRN Comfort Medication Routine Orders															
PRN Medication Follow-Up Record															
Clinic Medical Reports															
Signature Sheet															
Lab and Graphics (Orange)	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**	**P**	**C**	**NO**
Lab Reports															
Critical Lab Values															
Abnormal Lab Value Notification letter															
Immunization Record															
X-Ray Reports															
VS documented BID x 3 days after admission/weekly thereafter															
Diabetic Treatment Record															
Intake/Output Record															
Client Sleep/Wake Record															

Administrative/MISC (Gold)	P	C	NO	P	C	NO	P	C	NO	P	C	NO	P	C	NO
Acknowledgement of Receipt of Privacy Practices															
Acknowledgement Of Information received Upon Admission															
Information and Notice of Rights															
Personal Property Record															
Car and Storage Agreement															
Medical Assistance															
Medicare Card															
Veterans Administrative Card															
Health Services Eligibility and Registration Form															
Insurance Papers/ Information															
Client Placement Information															
Client Placement Authorization															
Assignment of Benefits Form															
Correspondence (Beige)	P	C	NO	P	C	NO	P	C	NO	P	C	NO	P	C	NO
Authorization to Release of Information															
Consent to Release Confidential Information															
Miscellaneous Correspondence															
Patient Writing															
Reports from Other Facilities															
Rule 25 Assessment															
Employee Signature															