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Nursing Documentation and Disability Determinations

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Overview of Today's Session

- Nursing documentation review
- Meaningful communication through documentation
- How nursing documentation can assist the disability process
- What is SOAR?
- Accessing disability programs



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Nursing Diagnosis

What is a nursing diagnosis?

- A nursing diagnosis is a clinical judgment about individual, family, or community experiences and responses to actual or potential health problems and life processes.

Why use nursing diagnosis?

A nursing diagnosis is used to determine the appropriate plan of care for the patient. The nursing diagnosis drives interventions and patient outcomes, enabling the nurse to develop the patient care plan. Nursing diagnoses also provide a standard nomenclature for use in the Electronic Health Record, enabling clear communication among care team members and the collection of data for continuous improvement in patient care.

Ref: NANDA-1 <http://www.nanda.org/NursingDiagnosisFAQ.aspx#NDxBasics>



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Quality Documentation Reflects Quality Care Importance of Documentation

- Purpose of documentation: provide written record of the care a patient receives and the patient's response to care and medical interventions in a clear, concise and accurate manner.
- Health care team members make clinical decisions based on chart contents.
- Representatives of regulatory/accrediting agencies review charting to make critical decisions regarding: reimbursement, licensing and accreditation.
- Safeguard your medical/nursing licensure:
 - **Comply with standards of care**
 - **Know your facilities policies and procedures**



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Documentation Principles

- Write legibly in ink; spell correctly
- Check that you have the correct medical record before you begin writing
- Ensure documentation is complete, concise, and accurate
- Describe factual occurrences that you can see, hear, touch, or smell. Avoid vague statements.
- Document in chronological order
- When you record a patient's statement, chart their exact words in quotes whenever possible
- Only document data you witness or data from a reliable source, such as the patient or another health care provider. When you include information reported by someone else, name your source

Source: Adapted from Complete Guide to Documentation. Springhouse, PA: Lippincott Williams & Wilkins; 2008.



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Documentation Principles (cont)

- Use standard abbreviations. Use only abbreviations approved by your facility
- Correct errors and omissions. When you make a charting error or omission, correct it as soon as possible; follow your facilities policy. Never erase, cover, write over or make an entry unreadable.
- Follow correct procedures for late documentation
 - Chart the information with a notation that it is a “late entry.”
 - Include the date and time of the late entry.
- When documentation continues from one page to the next, sign the bottom of the first page. At the top of the next page, write the date, time and **continued** from previous page.

Source: Adapted from Complete Guide to Documentation. Springhouse, PA: Lippincott Williams & Wilkins; 2008.



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Documentation Principles (cont)

- Avoid subjective references to a patient’s behavior such as “Patient seems frustrated” or “Appears anxious.”
- Instead, “paint a picture” of the behavior: “Patient voiced frustration about inability to self-inject Fuzeon” or “Patient walking in circles and repeatedly asking same questions regarding his lab orders.”
- Don’t leave blank spaces in the progress notes or on flow sheets – a blank space may imply omission of a potentially important task.
- Don’t mention any incident or accident report in the medical record. Only the facts of an incident.

Source: Adapted from Complete Guide to Documentation. Springhouse, PA: Lippincott Williams & Wilkins; 2008.



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Nursing Documentation

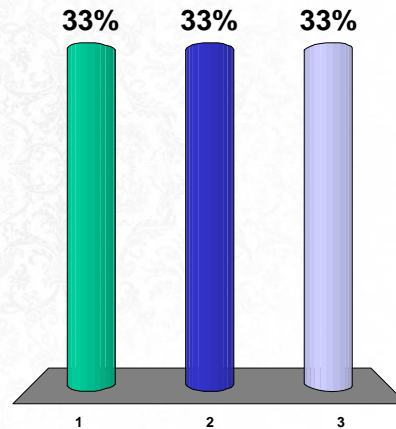
Examples

- “Mr. Russo has a good attitude today”
- “Patient appears short of breath today”
- “Ms. Hurt asks for pain medication often”
- “Here today for follow up visit. CD4 count is low. Pt. states is ‘throwing up a lot and I think I’m losing weight’. Still taking the same HIV regimen. Wants to talk to someone about the HIV side effects they are having. Had labs done last week.”



When you make a mistake on a patients chart, the recommended method for correcting the mistake is?

1. Draw a single line through it, write “error”, initial and date.
2. Draw a single line through it, write the words “mistaken entry” above or beside it, follow with initials and date.
3. Draw a single line through it, write “late entry” and add correct note with initials and date.



New Approach to Documentation

- **Expand nursing notes to be more inclusive**
 - Check lists/flow sheets/graphic records are meant to supplement the medical record, not replace the nurses documentation
 - Flow sheets are a valuable resource in ongoing assessments, to show changes in patient's condition, patient's response to therapy and patient education
 - Used to trigger or remind what actions are indicated
 - Flow sheets lack important narrative information
 - Flow sheets may not be sufficient to complete the picture of patient's status



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Nursing Disability Documentation

Example of nursing documentation for consideration of SSI disability:

48 yr old male patient, HIV +

- **2/25/11 R.N. – This R.N. has noticed that client is having problems remembering instructions and appointment. This started approximately 6 months ago and getting increasingly worse. I have instructed client to come in for labs and he will call and ask what he should do about labs and shots and has totally forgotten instructions. Has missed appointments. Client acknowledges memory problems and states he is worried about this. Admits to asking instructions to be repeated several times and then totally forgetting what he is told. Also states pain has really increased in the last 6 months.**



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Expanding on Documentation

Diarrhea – common complaint among HIV-infected Episodes may be:

- Acute and brief < 2 weeks
- Intermittent or recurrent – persistent 2-4 weeks
- Chronic and severe > 4 weeks

Patient complains of diarrhea; document:

- Onset of diarrhea: sudden or gradual
- Frequency (times per day, last episode)
- Stool consistency (soft vs. liquid)
- Stool color (gray, white, dark, greasy stools)
- Rectal bleeding

Source: Adapted from Guide For HIV/AIDS Clinical Care. Rockville, MD: Health Resources and Services Administration; 2011.



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Expanding on Documentation

Diagnosis of fatigue rests on subjective data

Thorough history of fatigue symptoms:

- Onset, duration
- Exacerbating and alleviating factors
- Depression - ask "Are you depressed?"
- Sleep patterns
- Substance use or abuse
- Inquire about social history

Source: Adapted from Guide For HIV/AIDS Clinical Care. Rockville, MD: Health Resources and Services Administration; 2011.



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Documentation should flow so that the person reading it can “picture” exactly what is occurring

- Health care involves teamwork
- Need to ensure clear communication by the medical team is reflected?
 - Making certain clinicians view pertinent notes
 - Does medical team see each other’s documentation?
 - Is documented care chronological?
 - Is there redundancy?
 - Is Performance Improvement monitored?



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Documentation Techniques

- Narrative
- SOAP, SOAPIE, SOAPIER Format
- Charting By Exception (CBE)
- Flow Sheets (graphic records)
- FACT
- DAR
- Electronic

Source: Adapted from Complete Guide to Documentation. Springhouse, PA: Lippincott Williams & Wilkins; 2008.



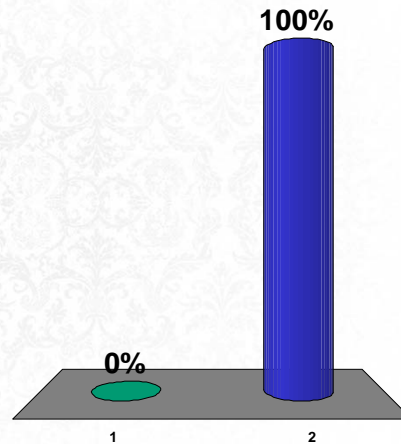
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If policy permits, use flow sheets to document repetitive procedures or measurements and summarize the information in the narrative notes

1. **True**
2. **False**



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When Documentation is Completed, Ask Yourself the Following Questions

- Is it factual?
- Does it document all the care given?
- If read 2 years from now – will it demonstrate that the SOC has been met?
- Does it show sequence of events accurately?
 - Including patient's response to treatment
- Does it contain subjective statements versus personal opinions?
- Does it clearly identify when the information was obtained from the patient, family, or other caregivers?
- Is it legible?
- Are errors corrected in the approved manner?

Source: Duclos-Miller, P.A. (2004). Managing documentation risk: A guide for nurse managers. Marblehead, MA:HCPro,Inc



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Documentation Summary

Your documentation will show:

- Quality of care given
- Outcome of the care
- Collaboration among the members of the health care team
- Describe future interventions and education needed
- Accurate and complete documentation protects both the patient and caregiver

Source: Duclos-Miller, P.A. (2004). Managing documentation risk: A guide for nurse managers. Marblehead, MA:HCPro,Inc



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What is SSI or SSDI?

- **Supplemental Security Income (SSI) is a Social Security Administration benefit for low-income individuals, who either have a disability, are blind, or who are age 65 and over. SSI is a benefit only for the applicant.**
 - The maximum SSI federal benefit in 2011 is \$674 per month. In Florida, SSI also provides automatic eligibility for Medicaid.
- **Social Security Disability Insurance (SSDI) is a benefit for people who have a disability or are blind.**
 - The monthly benefit amount is based on earnings put into the Social Security system through the FICA tax.

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What is SOAR?

SOAR (SSI/SSDI Outreach, Access, and Recovery)

- A national program sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Human Services, that focuses on expediting applications for Social Security Administration disability benefits for individuals who are homeless or at risk of homelessness and who have HIV/AIDS, mental illnesses and/or concurrent disorders.
- **Importantly, the purpose of this curriculum is not to make all adults with HIV/AIDS eligible, but rather to help adults who are eligible to access them in an expedited fashion.**

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- It is estimated by The National AIDS Housing Coalition that 70 percent of those living with HIV/AIDS are at risk for homelessness.
- Because people who are homeless have extreme difficulty fully accessing life-prolonging care, Congress established the Housing Opportunities for Persons with AIDS (HOPWA) program in 1992.
- The Office of HIV/AIDS Housing reports that receiving SSI and/or SSDI is very beneficial for extremely low-income persons with HIV/AIDS.
- The modest income from these SSA programs makes it possible to obtain housing, supportive services, and access to medical care.

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- **The *Stepping Stones to SSI and SSDI* curriculum (SOAR) rests on the collaboration of providers and other stakeholders to effectively serve adults with HIV/AIDS.**
- **It is recognized that many people with HIV/AIDS may be found disabled on a combination of illnesses, including mental health, other physical health problems, and co-occurring substance use disorders.**

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The Challenge

- **SSI/SSDI application process is complex**
- **SSA's definition of disability is stringent**
- **Medical criteria are very specific**
- **Having HIV/AIDS does not mean eligibility**

The Results

- **Approval rates of 60-95% on first application**
- **Approved in an average of 93 days**

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Overarching Goal

- Expedite and increase the number of successful SSI/SSDI applications for eligible applicants

Objective

- To build infrastructure between the case manager and the medical team

Strategies

- Collaboration, coordination and communication especially with medical team

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Usual Process for Collection of Medical Evidence

- Disability Report and releases of information sent to the Department of Disability Services (DDS)
- DDS sends releases to medical records departments of hospitals, clinics, and other providers
- Medical records staff take information from individual's records and sends back to DDS
- DDS contacts treating sources for additional information, if needed
- Decision?
 - Information may – or may not – be submitted
 - If information submitted and sufficient, decision is made
 - If information is not submitted or is insufficient, a consultative examination may be scheduled

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The Application Process

- Individual files application (usually online)
- SSA determines non-medical eligibility
- SSA sends medical information and releases to DDS, disability examiner is assigned
- DDS processes claim and makes disability determination
- Applicant's electronic record is returned to initiating SSA office
- SSA notifies applicant of decision by letter

SSA-3368 Disability Report (can be completed on-line)

SSA- 3369 Work History Report (can be included in Medical Summary Report)

SSA-827 Authorization to Disclose Information to SSA (one for each provider with medical information; use in conjunction with agency release form)

SSA-4814 Medical Report on Adult with Allegation of HIV

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Medical Evidence is at the Heart of Disability Determination

- All treatment sources past and present
- All vocational or rehabilitation programs that applicant attended
- Remarks that enhance any relevant information
- Work history that is comprehensive and specific
- Information on past work demands and skills
- Documenting Functional Information

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DDS's Main Question

- Does this illness (or illnesses) keep the person in question from being able to engage in substantial gainful activity?

Functioning and Substantial Gainful Activity

- Make the link between diagnosis or illness and functional impairment in the context of work
 - Rather than asking “can you,” ask “what do you ...” or “how often do you...” or “how do you ...”

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Criteria for Eligibility for Disability

- **Medically Determinable Physical or Mental Impairment** illnesses must either meet or be equivalent to the “listing” criteria used by DDS. Supporting information must be documented in medical records.
- **Duration** - The impairment tied to the illnesses must have lasted or be expected to last 12 months or more or be expected to result in death.
- **Functional Information** - Applicant must demonstrate that significant functional impairment related to the illnesses exists.

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Substance Abuse and Other Co-Morbidities

Substance use often concurrent with other illnesses, including HIV and mental illness

- Categories of Mental Impairments

(according to the Blue Book)

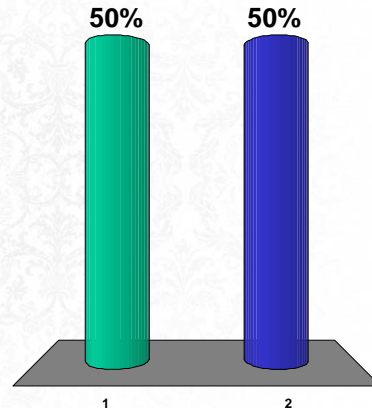
- Substance Addiction Disorders
- Organic Mental Disorders
 - Be aware of the possible link to substance abuse
 - Long term use of drugs and/or alcohol may cause significant brain damage
- Anxiety-Related Disorders
- Personality Disorders

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If an applicant is currently using alcohol or drugs, or has a recent history of substance use, he/she can still be eligible for SSI/SSDI.

1. True
2. False



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Team Communication

- **The information gleaned from medical and other staff can be very helpful in determining treatment and diagnosis.**
- **Functional information fleshes out the information provided in the diagnosis**
- **Nurses often observe functioning and can provide helpful documentation**

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The Goal of a Functional Description

- **Impact of person's illness and resulting impairment**
- **Based on collection of personal, medical, and collateral information**

Clearly explains

- Nature of impairment
- How/if linked to illness
- Impact on functioning and life, especially regarding ability to work

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Areas of Functional Assessment

- **Marked restrictions of activities of daily living**
 - Does patient have severe impairment?
 - Physical activities involved in work: walking, standing, lifting, carrying, speaking
 - Sufficient medical evidence and functional impairment must be documented

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Listing: 14.00F Immune System Disorders - Adult

- **Listing aka “Blue Book”**
- **Documenting HIV Infection**
- **CD4 Tests**
- **Documentation of the Manifestation of HIV Infection**
- **HIV Infection Specific to Women**
- **Involuntary Weight Loss**
- **Side Effects that Limit Functioning**

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Listing 14.08 Human Immunodeficiency Virus (HIV) Infection

- **Excerpt from:**
 - Disability Evaluations Under Social Security
 - With documentation as described in 14.00F and one of the following:
 - Bacterial infections
 - Fungal infections
 - HIV wasting syndrome
 - Viral infections
 - Malignant neoplasms

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Considerations for Effective Assessments

What can the nurse document?

- Physical description
 - Clothing (soiled, disheveled, appropriate)
 - Personal hygiene and grooming
- Attitude and behavior
- Speech problems
- Gait description
- Swallowing/Nutritional status
- Cognitive patterns

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Documentation Consideration of Side Effects

Side Effects of Medications

- Acute or ongoing side effects
- Frequency of doses of medications
- Accumulation of effects from various treatments
- Duration of treatment
- Impact of treatment on mental functioning

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Additional Documentation Challenges

- Inconsistent treatment
- Acute treatment
- Missing information from records
- Forgotten treatment
 - Unable to locate providers/records
 - Poor historians

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The New and Improved Process Module 9

New and Improved Process for Collection of Medical Evidence

- Particularly effective for people with inconsistent or varied treatment histories and multiple providers
- For people with HIV, specialty medical services are often necessary. Process ensures that evidence collected is comprehensive
- Individuals with any cognitive impairment: new process helps to fill any gaps or missed information

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Useful Evidence for Determinations – Medical Evidence

Physical Health Evaluations	Laboratory Results
<ul style="list-style-type: none"> • Specialty physical health evaluations • Neurological work-up reports • Psychiatric evaluations 	<ul style="list-style-type: none"> • Diagnostic tests • Psychological tests • Admissions summaries • Discharge summaries • Progress notes

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SSI Presumptive Disability for People with HIV/AIDS

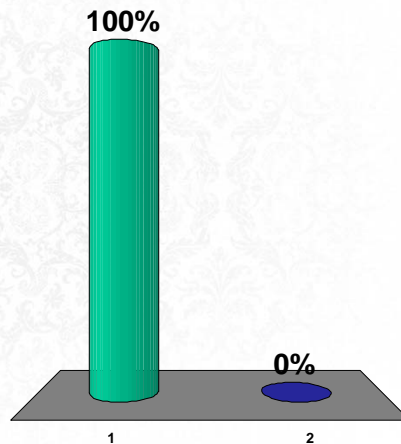
- **HIV/AIDS is one of the categories applicants can be awarded “Presumptive Disability”**
 - When awarded, applicant can receive up to six months of benefits while DDA makes disability determination
 - If allowance is not made at DDS, person is not required to return the money
 - SSA-4814 must be completed by treating physician and submitted for presumptive disability

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When an HIV/AIDS applicant is awarded “presumptive disability”, they can receive benefits for up to one year while DDA makes determination.

1. True
2. **False**



Summary

- **SSI/SSDI application process is challenging**
- **Medical evidence is the heart of disability determination**
- **Diagnosis and resulting impairment are determined through medical records**
- **Only physicians and psychologists (and some other health professionals) can make diagnosis**
- **Other health care professionals can provide valuable information on functional impairment**

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