

Procedure 5-2-8

Issued: 09-09-19

**SUBJECT:** Health Identification and Planning System (HIPS) Process**PURPOSE:** Describe the standardized procedure for implementation HIPS system/QE review and focused review for individuals receiving services and to carry out the Mandate of Health and Safety Policy #5

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The HIPS process is designed to safeguard individuals supported who need significant support for optimal health and monitors to ensure those are in place by a professional nurse review by The Department of Mental Health's (DMH) Quality Enhancement (QE) nurse.

### **Health Inventory (HI)**

The first step in the in HIPS process is the completion of the annual Health Inventory (HI) by the individual's Support Coordinator (SC) and Woodhaven's Program Manager (PM). The HI tool identifies who will receive a QE nursing review by identifying individuals who have significant support needs. These individuals have the greatest potential for negative outcomes. The health inventory is entered and scored into the state CIMOR system.

Each HI that meets the score threshold of 30 points or more will result in the QE RN will conducting a nurse review. The annual nurse review will either be a Clinical Data Review only or an Expanded Nurse Review which includes further on-site evaluation. Initial Placements and Transition Health Inventories will always receive an expanded nurse review regardless of score. (For this procedure transitions are defined as moves from an institutional setting such as Skilled Nursing Facility or State Operated Habilitation Centers).

### **Nurse Reviews**

When a review is triggered the State QE nurse, contacts Woodhaven's Licensed Practical Nurse (LPN) to schedule a time for chart review. She also notifies the assigned Provider Administrator PM or his designee, who gives her access in Therap to the individuals selected medical information for a chart review. The QE nurse will write up a report including findings if needed, this is due by the third Thursday of the month following the month the Nurse Review was conducted.

Initial Placement and Transition reviews must be conducted within 30 days of the placement.

The QE nurse will review at a minimum the following core clinical data:

- Current ISP
- Previous Year Health Inventory and HIPs report
- Current Physician Orders
- Current and past months Medication Administration Record's (MAR)
- Last year's agency Registered Nurse (RN) monthly assessments
- 1 year ( from the time of the last HIPS review) date of EMT reports
- Other medical reports as indicated.

The LPN will ensure that all documentation Woodhaven is responsible for is available for review.

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### **Expanded Nurse Review (Site Visit)**

The QE nurse will make the determination after the Clinical Review, if an Expanded Nurse Review is needed. When this occurs the QE nurse will schedule a time with the Program Manager that is convenient for the person supported, to complete a face to face meeting with the individual supported and view the home environment, records review and talk with staff.

The on-site review will include the following:

- On-site record review of additional health related policy and procedures, protocols, nursing directives, treatments and clinical/monitoring records
- Observation and discussion with staff to ensure documented support needs are being provided.
- Communication with the agency RN providing the monthly oversight, guardians, support coordinators or prescribing practitioners to ensure identified services/supports are in place.

### **HIPS Focus Review**

The focus review is conducted by the QE RN for a specific change in health needs or supports. This is triggered by a change in health status HI completed by the SC. The QE RN will complete a HIPS Focus review for the specific change or concern. The focus review may be conducted in person or in review of clinical information via phone, fax or email. The Focus Review will be conducted within 30 days from notification of HI change.

### **Nurse Review Findings and Action Plans for Resolution**

The QE Nurse will complete a report along with an action plan for resolution if needed. There are two types of HIPS Action Plan levels.

- **Category 1-** (immediate) is the discovery of health care needs that require immediate intervention to preserve an individual's health and safety. The QE RN will report this immediately to the Director of Programs or her designee. **The Director of Programs or designee will take immediate steps to ensure the health safety and welfare of the individual supported.** Once the safety of the individual is secured. The DP will initiate an internal inquiry to determine what breakdown occurred and what needs to be done to ensure risk is identified and resolved going forward. The QE RN will initiate a HIPS action plan, and the Director of Programs will be responsible for responding with the resolution.

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- **Category 2** –is the discovery of essential health care needs that without correction may jeopardize the individual’s health or safety; does not meet accepted or best standards; or requires inclusion or revision in the personal plan. The **QE** RN will verbally notify either the LPN or the PM of her findings before leaving. The QE RN will document findings that will generate a HIPS action plan

All Action Plans require a response by Woodhaven within 60 days of notification. The notifications are sent to the Director of Programs. The DP copies action plans to the Program Manager and Community RN assigned to the individual. Depending on if the oversight was a nursing function (i.e. incorrect orders) or a program function (i.e. missed medical appointment) either the CRN or the PM will write the action plan, provide supporting documentation and give it to the Director of Programs for entry in the state CIMOR database. The Director of Programs will track trends as a part of Woodhaven’s Outcome Measurement System.

Approved: \_\_\_\_\_  
Chief Executive Officer

Date: \_\_\_\_\_