

# **ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

## **ADMINISTRATIVE PROCEDURE**

Date Issued **5/23**

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<b>WRITTEN BY</b> Residential Policy Committee	<b>REVISED BY</b> Nursing Department	<b>AUTHORIZED BY</b> Tracey Pingitore	

### **I. APPLICATION:**

- ☐ SCCCMHA Board
- ☒ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☐ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

### **II. PURPOSE STATEMENT:**

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure a separate Health Care Chronological is maintained for each individual.

### **III. DEFINITIONS:**

- A. Health Care Chronological (HCC): A form (#055) used to immediately document each time an individual receives medical, dental, or other health care related treatments, medications, examinations, or evaluations.
- B. Health Care Chronological (HCC) in Care Suite: A charting notes option in Care Suite computer system used to immediately document each time an individual receives medical, dental, or other health care related treatments, medications, examinations, or evaluations.

### **IV. STANDARDS:**

None Available

### **V. PROCEDURES:**

#### **Residential Program Supervisor/Designee/Specialized Foster Care Provider**

1. Ensures each individual's record includes the Health Care Chronological (SCCCMHA Form #0055) or HCC in Care Suite.
2. All entries in the Health Care Chronological are timed, dated, and signed in ink at the time of entry. Do not skip lines or leave any blank spaces. Information in the Health Care Chronological includes the following:

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- a. Refusal of medications
  - b. Transfers to and from community or facility, current medications, treatments, diets, allergies, and special instructions.
  - c. Medication reviews.
  - d. New prescriptions for medications and treatments, renewals, increases, decreases and discontinuations.
  - e. Administration of PRN and/or Standing Medication Orders, reason and response.
  - f. Laboratory tests done.
  - g. Immunizations received.
  - h. Eye, hearing, or dental examinations. Any changes in glasses, hearing aides, dentures, and other prosthetic devices, where and when they were ordered and received.
  - i. When Medical Appointment Information Record (SCCCMHA Form #050) is used, it is only necessary to document on the HCC the appointment date, with whom and "Refer to Medical Appointment Information Record."
  - j. Telephone conversations with the prescribers, clinics, nurses, or hospitals.
  - k. Psychological or prescriber consultations.
  - l. Allergies or suspected allergic reactions.
  - m. Signs and symptoms of illness, care given and response.
  - n. Injuries that occur, site and extent of injury.
  - o. Emergency room care received: casts, splints, medications, sutures, immunizations, follow-up appointments, or care.
  - p. Admission to hospital and discharge, including discharge orders.
  - q. Dietary changes, modifications, and rationale.
  - r. Medical recommendations that are not obtained need to be documented with a reason and a response why medical treatment was not obtained.
3. Retains original Health Care Chronological in individual's home record. Sends copies of form #055 or Care Suite Chart notes for previous month, to Primary Case Holder at the beginning of each month.

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VI. REFERENCES:

None Available

VII. EXHIBITS:

None Available

VIII. REVISION HISTORY:

Dates issued 05/88, 09/92, 08/94, 09/97, 08/99, 09/01, 09/03, 08/05, 08/07, 10/09, 10/11, 01/13, 01/14, 01/15, 01/16, 01/17, 03/18, 03/19, 03/20, 05/21.