

**NEW YORK STATE DEPARTMENT OF HEALTH
ADULT DAY HEALTH CARE PROGRAM
2009 ACUITY SURVEY
FAQ's**

SURVEY COMPLETION

Q. Why is this information being collected?

A. The survey will provide information on registrants served by the medical model ADHC providers. The survey is not intended to be all inclusive and is based on the Registrant Assessment Instrument (RAI). The RAI was last revised in 1992. This survey will provide information that could be used to draft a more efficient data assessment tool. Please refer to DAL # 09-01 dated March 23, 2009.

Q. Who can fill out the 2009 Acuity Survey cover page and spreadsheet?

A. The majority of information required to complete the survey is contained on the Registrant Assessment Instrument (RAI). The RAI Instructions DOH-2667(i) (11/89) note the **“RAI is to be completed by a designated registered nurse (RN) staff member”**. The 2009 Acuity Survey Instructions do not specify who can fill out the survey cover page and spreadsheet. Anyone allowed access to medical records can fill out the survey cover page and spreadsheet. The majority of entries are simply a transfer of information from the RAI to the survey. For the survey spreadsheet columns titled **“Enter the Registrant’s Primary Diagnosis”**, **“MR/DD”** (mental retardation/developmental disability), **“Agitation”** and **“Choking”**, an RN must make the determination based on the information contained within the registrant’s care plan and medical record. Once the RN makes the determination, the information can be appropriately entered on the spreadsheet by person(s) designated to complete the survey.

Q. Can more than one person enter data on the survey spreadsheet?

A. This decision should be determined internally by each program. The Cover Page includes a space for **“The Name and Title of the Person Completing This Survey”**. If one person completes the survey, their name should be written in this space. If more than one person enters data on the survey, enter the name and of the person who is coordinating the survey completion.

Q. We have more than one person working on completing the survey. Can we submit separate spreadsheets?

A. No. The only time more than one spreadsheet will be submitted is when the number of registrants is greater than 200.

Q. If I am not filling in an item, should I just leave the box blank?

A. Yes.

Q. If I am completing the survey on paper, should I use pen or pencil?

A. If you choose to use a paper version, please complete the survey in pen.

Q. I am completing the survey on paper and the total columns contain zeros. Where should I put the totals?

A. Place a line through the zero and write in the total in the row labeled “total”.

Q. My ADHC program has over 200 registrants on the roster for the month of October 2008. The spreadsheet only includes space for 200 registrants. What should I do?

A. Complete one cover sheet for the program. Use the spreadsheet as prepared for the first 200 registrants. The totals will tabulate at the bottom of the spreadsheet. For the remainder of the registrants use as many spreadsheets as needed to account for each registrant on the roster for October 2008. For each resident over 200, change the ID number to continue the sequence (201, 202, 203.....). Totals will tabulate at the bottom of the spreadsheet. If more than one spreadsheet is used there is no need to add the subtotals together. The column titled “**Primary Diagnosis**” will not automatically tabulate totals. For this column, based on the information collected on **all** the survey spreadsheets, rank the three most prevalent primary diagnoses and note the frequency in an email when the survey is submitted. Each program will rank only three primary diagnoses for the program no matter how many spreadsheets were used.

Q. Should I delete the extra lines on the survey spreadsheet before I submit the survey?

A. No.

Q. Is there a sample completed survey?

A. Yes, open the excel spreadsheet and click on the tab marked sample.

Note: at the bottom, the totals will automatically populate based on the information entered on the spreadsheet.

Q. I have completed the cover page and spreadsheet. Now what do I do?

A. Attach the survey to an email addressed to BQA@health.state.ny.us and include your program's name in the subject line. In the body of the email, please indicate the ranking of the three most prevalent primary diagnoses and note the frequency. (See instructions, page 3)

RAI

- Q. Which RAI do I use? I have a registrant with an RAI dated September 2008 and March 2009?**
- A. For this example you would use the March 2009 RAI to complete the survey. The 2009 Acuity Instructions specify to use **“the most recently completed RAI for each resident listed on the roster”** for the month of October 2008.

COUNTY OF RESIDENCE

- Q. The spreadsheet has a dropdown box listing the counties in New York State. The list does not include the county where the registrant resides. What should I do?**
- A. If you are completing the spreadsheet electronically and the dropdown list does not include the county where the registrant resides, leave the county box blank. **“The County of Residence”** column will not allow you to write in a county. When submitting a completed survey that contains empty county boxes, please include an email noting that registrant’s ID number and county of residence.
- Q. I have completed the spreadsheet. Do I need to tally the counties?**
- A. No, the spreadsheet will automatically tally the counties.
- Q. I am completing the survey on paper. All registrants live in the same county. Do I need to write out the county name each time?**
- A. No, write in the county name once and continue down the row with an arrow. Total the number of registrants living in that county.

LIVING ARRANGEMENT

- Q. Our program has a large number of registrants that reside in an adult home. Should I place an “x” under “Group Home” or “Other”?**
- A. An adult home would be listed as **“Other”**.
- Q. I have a registrant who lives in a home with his spouse, son and other relatives. Do I place an “x” in each of those columns?**
- A. No, decide who the primary care giver is under **“Living Arrangement”**. On the survey spreadsheet, place only one “x” for the registrant’s primary care giver in the current living arrangement.

Q. I have a registrant who lives in an adult supportive living facility. Would this be considered a group home?

A. For the purposes of this survey, a group home is defined as a community based residential facility. This home is designed to service or support individuals with chronic disability, provides 24-hour services and is overseen by the Office of Mental Retardation/Developmental Disabilities, or the Office of Mental Health.

PRIMARY DIAGNOSIS

Q. Most registrants have multiple diagnoses. How do I determine the registrant's primary diagnosis?

A. For the purposes of this survey, primary diagnosis is defined as the most important condition that is chiefly responsible for the registrant attending and receiving the program services. This is to be determined by the RN using the RAI, the medical record, and the interdisciplinary care plan.

Q. Do I enter text or the ICD-9 Code for the primary diagnosis?

A. Do not enter the ICD-9 Code. Enter text only. Commonly accepted abbreviations are acceptable. Examples of entries may include diabetes, CHF, PVD, asthma, or dementia.

Q. What do I do if there is not enough space in the box provided to fill in the primary diagnosis?

A. In most cases, there is an accepted abbreviation that can be used. If not, you may use a smaller font size.

Q. I have completed entering the registrant specific information on the survey spreadsheet. I have ranked the three most prevalent primary diagnoses listed on the spreadsheet and tabulated the frequency of occurrence. Where do I enter this information?

A. Submit this information in an email when the survey is returned. The total box of the column titled "**Primary Diagnosis**" is locked and will not accept this information.

MENTAL ILLNESS

Q. I am not sure what should be considered a mental illness for the survey?

A. For the purposes of this survey, the presence of a mental illness must be determined by the RN using the following criteria: documented by the physician in the medical record and meet all the following criteria on diagnosis, level of impairment and treatment.

Diagnosis: Documented by a physician, examples include schizophrenic disorders; mood disorders; major depressive disorders; paranoid disorders; panic or other severe anxiety disorders; somatoform disorders; personality disorders; or other psychotic disorders. **DO NOT INCLUDE Alzheimer's Disease or Dementia,**

AND

Level of Impairment: The disorder results in functional limitations in major life activities,

AND

Treatment: Registrant requires active treatment by a licensed psychiatrist.

HOSPITALIZATIONS

Q. I have a registrant that went to the emergency room and was not admitted. Does this count as a hospitalization?

A. No, a trip to the emergency room with discharge from the emergency room does not count as a hospital admission.

TREATMENTS

Q. The RAI notes the registrant's treatments include catheterization and dressing change. The RAI notes the registrant is catheterized by an RN every Monday and Wednesday morning and specifies this is provided as a program service and his dressing change is done at the wound clinic every Thursday by the clinic RN. The program LPN does finger sticks for this registrant every Monday and Wednesday morning but they are not documented under treatments on the RAI. How would I count these examples on the survey?

A. The 2009 Acuity Survey Instruction specifies “**Count only those treatments on the RAI performed by an RN or LPN during the course of the program day. Enter the number**”. For the example above, the number entered on the survey would be 1. The catheterization qualifies as it is listed on the RAI, performed by an RN or LPN and is performed during the course of the program day. The dressing change does not qualify. It meets all the criteria except it is not done during the course of the program day. The finger sticks do not qualify. Finger sticks are not listed on the RAI under treatments.

Q. I have a registrant who had his post-operative dressing changed by the RN at the program five times in one week. This dressing change was ordered as PRN. It is listed under treatments on the most recent RAI but the area has healed and we are no longer doing dressing changes. Would this be counted as a treatment on the survey?

A. Yes, this would count as one treatment since it is listed on the current RAI under treatments and was done by the RN or LPN during the course of the program day.

Q. Is an injection considered a treatment?

A. No, an injection is considered a route of medication administration.

FALLS

Q. I have a registrant who is at risk for falls. Should I mark this under “Falls” on the spreadsheet?

A. If the registrant’s RAI is marked for “**Falls**” (IV. Care Factors # 1 Falls), place an “x” under “**Falls**” on the spreadsheet.

CARE FACTORS

Q. I have a registrant whose RAI is marked for paresis but not paralysis. Should I put an “x” in the “Paralysis” column?

A. No, only place an “x” in the “**Paralysis**” column if the RAI is marked for paralysis.

COMMUNICATION DEFICIT

Q. When should I put an “x” in the “Communication Deficit” column?

A. If the registrant’s RAI is marked for Communication Deficit (Section IV. Care Factors #13 Communication Deficit), the survey will be marked with an “x” in the “**Communication Deficit**” column.

SLEEP PATTERN DISTURBANCE

Q. When should I put an “x” in the “Sleep Pattern Disturbance” column?

A. If the registrant’s RAI is marked for sleep pattern disturbance (Section V. Psychological Factors, A. Behavior Deficits, #4) the survey will be marked with an “x” in the “**Sleep Pattern Disturbance**” column.

MENTAL STATUS

Q. I have a registrant who is oriented to person but not place and time. How do I mark that on the spreadsheet?

A. If the registrant’s RAI is marked for “Disorientation” (Section V. Psychological Factors, B. Mental Status #1 Disorientation), then the spreadsheet will be marked with an “x” in the “**Disoriented**” column.

CHOKING

Q. The RAI Section VI. (Activities of Daily Living) 22. (History of Choking) is marked. Should I place an “x” in the “Choking” column?

A. In most cases, you will enter what appears on the RAI on the spreadsheet. Choking is one of the exceptions. Place an “x” in the box if the registrant is currently care planned as being at risk for choking. This is to be determined by the RN using the interdisciplinary care plan for the time period covered by the RAI. Leave blank if the registrant is not care planned as being at risk for choking.

ASSISSTIVE DEVICES

- Q. If the RAI notes the registrant uses three different assistive devices, how should I mark the spreadsheet?**
- A. If Section VI. (Activities of Daily Living) 23. (Assistive Devices) is marked on the RAI, place an “x” on the spreadsheet under assistive devices. The number of assistive devices will not be captured on the spreadsheet.

INDEPENDENT ACTIVITIES OF DAILY LIVING (IADL)

- Q. The IADL’s on the RAI are checked as “self”, “intermittent assist” or “constant assist”. The 2009 Acuity Survey asks for a Yes/No response. How do I answer?**
- A. For this item the 2009 Acuity Survey Instructions, do not align with the RAI. Mark “**Yes**” if the RAI documents intermittent or constant assist for any IADL item. Mark “**No**” if all items are marked “**self**”.

INFORMAL SUPPORT SUPPLEMENT

- Q. How do you define informal support supplement?**
- A. Please refer to the definitions in the RAI Instructions (DOH-2667(i)(11/89). Place an “x” in this column if “Informal Support Supplement” is marked on the current RAI.

COVER SHEET

- Q. We do not limit our registrants to a specific population but many of the registrants we serve could be considered a specialized population. For “Does your program target a specific population?” should I answer “Yes”?**
- A. Yes, and please note the specific population in the next box on the cover sheet.
- Q. Our program does not target a specific population what should I fill in?**
- A. Mark “**No**” and leave the next box on the cover sheet blank.
- Q. Our program targets more than one specific population. Should I note the targeted populations?**
- A. Yes, note all specific targeted populations and the number of registrants in each specialized population during the month of October 2008.