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|  HIGH-RISK COMMITTEE | NO.  |
| Purpose:To provide specific guidelines to the facility for implementing a High-Risk Committee.To assist the facility in attaining or maintaining the highest practicable physical, mental, and psychosocial well-being of its residents.Statement of Policy:It is the policy of this facility to identify those residents at risk for a decline in their medical condition, potential negative outcomes, and complications related to their stay. The facility will then address the specific resident needs that an interdisciplinary high-risk committee recommends. Those needs will be addressed within one week and the team members will be responsible for the implementation, monitoring, and re-evaluation of the resident’s progress or lack of progress.While it is the intent of this meeting to provide a holistic approach, and thus decrease the need for separate meetings to address individual problems, we recognize the need to briefly review residents that have weight loss and pressure sores at the meetings.Procedure:1. Procedure for organizing your committee
2. The facility will chose a standard day of the week in which the committee will be meeting for one hour.
3. The facility will identify the interdisciplinary team members that will be attending the meeting each week. The members may include nursing, therapy, dietary, pharmacy, social services, restorative, nursing assistance, and/or MDS nurse.
4. Procedure for identification of High-Risk residents
5. Each month the facility will review the following reports:
6. Weekly Pressure Ulcer Report
7. Monthly and Weekly Weights
8. Incident Report Log
9. Quality Indicators
10. Resident Level Quality Indicator Summary
11. The Director of Nursing (DON) or designee will identify at least 10 residents to be reviewed each week based on the following criteria;
12. Residents with new pressure ulcers acquired in the past week (from Weekly Pressure Ulcer Report)
13. Residents that trigger with a sentinel event (on Quality Indicator Report-Dehydration/Impaction/Low-risk pressure ulcer)
14. Residents with new weight loss trend of >5% in past month
15. Residents with a significant incident (i.e. fall with injury, resident-to-resident incident)

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| 1. Residents that re-admitted within the past week from an acute hospital stay.
2. If there are no residents that trigger for the above reasons, choose your residents based on the following criteria:
3. Those residents on the Quality Indicator Report with greater than 9 indicators (See last column named Total)
4. Residents with pressure ulcers that have not been making progress
5. Residents that are experiencing weight loss of > 10% in 6 months.
6. Residents with other significant changes occurring identified by reviewing the daily telephone orders, 24-hour report, and infection control log.
7. Procedure for conducting the High-Risk Committee
8. The DON or designee will be responsible for notifying committee members of the day, time of the meeting, as well as the resident list and reason for review
9. The identified resident’s medical record will be brought to the meeting.
10. Committee members attending will sign-in
11. Residents will be discussed for less than 10 minutes
12. The team will review and make recommendations regarding the concern that identified the resident as at risk
13. The Team will document in the medical record that the resident was reviewed at the high risk meeting for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(state reason for review)
14. Interventions or changes in the plan of care will be documented on the “High- Risk Committee Recommendations” form
15. The recommendations will be addressed within the week, before the next High-Risk meeting
16. The recommendations will be shared with the appropriate healthcare providers in order to implement the recommendations.
17. The first 10 minutes of the meeting will address the previous week recommendations, and adjustments will be made to the plan of care as warranted, as well as a quick review of residents with a current pressure ulcer, and those with current weight loss. While reviewing residents, the team will comment/discuss as to whether the current intervention plan is working, and if not, this resident will be added to the list for more in-depth discussion by the team at this meeting.
18. The committee meeting sign-in, as well as the residents reviewed and the recommendations will be kept in a separate binder, accessible for review by the facility team.
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