

NEW YORK STATE
DEPARTMENT OF HEALTH

ADULT DAY HEALTH CARE PROGRAM
2009 ACUITY SURVEY

INSTRUCTIONS

Complete the NYSDOH ADHCP 2009 Acuity Survey Cover Page and Spread Sheets.
Email both of the completed electronic forms to BQA@health.state.ny.us by **April 28, 2009**.

Materials Required:

1. Registrant Roster/Census Report for the month of October 2008
2. Most recent completed Registrant Assessment Instrument (RAI) for each registrant listed on the roster (For some registrants this may be the admission RAI)
3. Medical/Clinical record for each registrant listed on the roster
4. Care Plan for each registrant listed on the roster
5. NYSDOH ADHCP 2009 Acuity Survey Cover Page (available on the HPN)
6. NYSDOH ADHCP 2009 Acuity Survey Spread Sheets (available on the HPN)

If unable to access the electronic version of the NYSDOH ADHCP 2009 Acuity Survey Cover Page and Spread Sheet please call (518) 408 -1282

Instructions

ADHCP 2009 Acuity Survey Cover Page: Complete all program information in full. ("Total # of Registrants" will be auto filled from the spreadsheet.)

ADHCP 2009 Acuity Survey Spread Sheets: Use the information on the registrant's most recent RAI, except where indicated. Mark with an x only the boxes that apply.

II. REGISTRANT INFORMATION

1. **ID:** Use the October 2008 Registrant Roster/Census Report. Include any new admissions or discharges that occurred from October 1, 2008 through and including October 31, 2008. Using the "ID Number" on the Acuity Survey Spread Sheet, assign an ID number to each registrant on your October Registrant Roster/Census Report. Document the ID number you assigned to each registrant on your copy of the October roster. Each registrant on the October roster will be included in the survey. ***DO NOT ENTER THE REGISTRANT'S NAME OR ANY OTHER IDENTIFYING INFORMATION ON THE ACUITY SURVEY FORMS.***
2. **Year of Birth:** Mark the appropriate box.
3. **Gender:** Mark the appropriate box.
4. **County of Residence:** Choose from the dropdown box the county name where the registrant resides.
5. **Living Arrangements:** Mark the appropriate box.

III. MEDICAL INFORMATION

6. **Primary Diagnosis:** List the primary diagnosis. For the purposes of this survey, primary diagnosis is defined as the most important condition that is chiefly responsible for the registrant attending the program. This is to be determined by the RN using the RAI, the medical record, and interdisciplinary care plan.
7. **Mental Retardation/Developmental Disability (MR/DD) and/or Mental Illness (MI):** Mark the appropriate box or boxes if there is a physician documented diagnosis of MR/DD and/or MI. This is to be determined by the RN using the medical record.
8. **Number of Hospitalizations:** Mark the appropriate box indicating the number of hospitalizations in the past twelve months as recorded on the most recent RAI.
9. **Number of Treatments:** Count only those treatments on the RAI (Section III. Part D.) performed by an LPN or RN during the course of the program day. Enter the number.
10. **Medication Management:** Mark if registrant self administers (S), needs intermittent assist (I), or constant assist (C) as indicated on the RAI.

IV. CARE FACTORS

11. **Care Factors:** Mark each box that applies only for the categories listed on the spread sheet.

V. PSYCHOLOGICAL FACTORS

12. **Behavioral Deficits:** Mark each box that applies. Inadequate inter-personal skills (Section V. Part A. #7.) of the RAI has been removed, and agitation has been added.
 - For the purposes of this form, agitation is defined as an unpleasant state of extreme arousal, increased tension and irritability. Mark the box for agitation if the registrant was care planned for this behavior. This is to be determined by the RN using the interdisciplinary care plan for the time period covered by the RAI.
13. **Mental Status:** Mark all that apply. Do not specify time, place, and person or immediate, recent or remote. If registrant is alert and oriented leave blank.

VI. ACTIVITIES OF DAILY LIVING (ADL)

14. **Activities of Daily Living (ADL):** Mark one box (self (S), intermittent (I), or constant (C)) for each of the ADL's listed. Note that history of choking (Section

VI. # 22.) on the RAI has been changed to Choking on the spread sheet. Place an x in the box if the registrant is currently care planned as 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 registrant is not currently care planned as being at risk for choking.

15. **Instrumental ADL's (IADL's):** Mark YES if the program provides intermittent or constant assist with any IADL's, as noted on the RAI. Mark NO if the program does not provide intermittent or constant assist with IADL's.

VII. SERVICE UTILIZATION

16. **Services Utilized:** Mark each service that is actually used. Do not mark those that could potentially be used. Note that some categories on the RAI will not be included for the purposes of this survey.

X. REASON FOR PROGRAM SERVICES

17. **Reason for Program Services:** Mark all that apply.

- Electronic versions will automatically tabulate totals except for the column titled **Medical Diagnosis**. For this column, based on the information collected on the Survey Spread Sheet, rank the three most prevalent primary diagnoses and note the frequency. Those completing the survey on paper will need to tally all columns and provide program totals at the bottom of each column.
- Retain a copy of the 2009 Acuity Survey Cover Page, Spread Sheet, and October 2008 Registrant Roster (with identifying numbers) for one year.
- Return the 2009 Acuity Survey Cover Page and Spread Sheet by **April 28, 2009** to:
 - By Email: BQA@health.state.ny.us
 - By Postal Mail:
New York State Department of Health
Bureau of Quality Assurance
Attn: Cathleen Bobrick
161 Delaware Avenue
Delmar NY 12054-1393

If a deadline extension is required please email your request to: BQA@health.state.ny.us or contact Cathleen Bobrick with the Bureau of Quality Assurance and Surveillance at (518) 408-1282 before **April 14, 2009**.