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Patient Care Management Manual:

Coordinator's Supplement 1980 Long Term Care Facility Improvement Program



Department of Health and Human Services
Health Care Financing Administration
Health Standards and Quality Bureau

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The HEALTH CARE FINANCING ADMINISTRATION (HCFA) was established to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Professional Standards Review program and a variety of other health care quality assurance programs.

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This new supplement to the *Patient Care Management Manual* is designed for the coordinator in the Long-Term Care facility who wishes to teach the concepts and implement a systematic method of patient assessment, care planning, and care evaluation.

Foreword

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Under the plan developed for the Long-Term Care Facility Improvement Program of the Department that was initiated in 1974, these teaching materials were developed as part of a project undertaken from 1977 to 1978. This supplement is principally a teaching syllabus for Patient Care Management (PCM) *Manual* with two case studies, and review questions. Whenever possible, a long-term care facility may wish to have a PCM coordinator who may be a nurse administrator or Director of Nursing Services*. The PCM coordinator is responsible for teaching and guiding potential appraisers in a facility to assist them in undertaking and performing patient appraisal activities.

The coordinator should determine to what extent appraisers need to review the two case studies in the PCM Manual and be tested on the content of the various chapters. By selecting various sections of the case studies for teaching and practice, the PCM coordinator can tailor the amount of PCM in-service staff education, as needed. Practice using parts of

PACE II in the work setting can be followed by workshops in which instruction and information is exchanged. The preworkshop instruction, found in the *Manual*, will enable learners to assemble data and exercise appraisal skills before attending the workshop. The PCM *Manual* is a self-contained document complete with definitions in a format that can be updated, and it provides uniform information.

The first sample case study on Alice Abrams (A.A.) should probably be discussed in its entirety inasmuch as the patient's relatively good health and lack of complicating disorders lend themselves to detailed review and analysis. On the other hand, the second case, Catherine Crenski (C.C.) is a more complex study, so the coordinator may prefer to conduct a review of the case in stages. The new appraiser should be encouraged to practice filling out the worksheets provided and study the various aspects of the cases to gain an understanding of the patient assessment process and to be able to integrate all care evaluation activities.

* Instead of using both genders throughout the text, the feminine gender will be used to refer to a nurse appraiser, PCM coordinator, teacher, a nurse administrator, or Director of Nursing Services.

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Project Officer

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Instructions For Assembling A Complete Manual For The Patient Care Management Coordinator

The *Manual* for the PCM coordinator is made up by combining the *Patient Care Management Manual* with the *PCM Coordinator's Manual Supplement*. Both the *Manual* and the *Supplement* have been three-hole punched so that they can be combined in a three-ring binder. Using the table of contents in this *Supplement* as a guide, the PCM coordinator's manual is to be assembled by inserting the *Patient Care Manual* behind the Foreword page of the *Supplement*. In this way, the most pertinent learning material which is in the *Manual* will precede the syllabus and review questions.

The PCM Coordinator's Role

The Director of Nursing Services or a designated staff person has the primary responsibility for guiding facility personnel in using the PACE II instrument. She, as the PCM coordinator, directs, organizes, utilizes, and facilitates the PCM instructional program. This coordinator:

- Ensures that future PACE appraisers take the review tests;
- Assists personnel in learning how to use the sample PACE II instruments;
- Monitors the quality of the PCM process within the facility; and
- Serves as liaison between the facility and quality assurance activities, including survey and certification, Professional Standards Review Organizations (PSRO), utilization review, etc.

This *Supplement*, printed on colored sheets, is designed to be incorporated with the PCM (learner's) *Manual* to assist you in your capacity as the lead instructor of the PCM Program in your facility.

Responsibilities in the PCM Process

Although the PCM process is multifaceted, the basis of the process, as it involves individual patients, rests on the initial and subsequent appraisals. Care planning and care evaluation in the PCM process may be thought of as a synthesis of collective health care team expertise.

The PCM appraisers, your potential students, are primarily responsible for learning the mechanics of patient care management and a standard set of definitions both of which are aimed at establishing an accurate and complete patient data base throughout each cycle of patient care.

Your objectives in teaching the appraisers are encompassed by dimensions of accountability. Facility personnel at all levels must incorporate the concepts of relevance and responsibility for quality throughout the PCM system's activities.

Hints on Teaching

It is beyond the scope of this manual to "teach how to teach", but the few principles of educational interaction noted below can be exemplified in the student/teacher relationship, to be continued in the student (future appraiser)/patient relationship.

- 1) The teacher should know herself as a person, since one's self perception very much influences one's own behavior. If for example, a teacher sees herself as just a source of information, rather than as a creative, flexible resource upon which students can draw, then this concept will tend to restrict both the student and the outcomes of learning.

- 2) The teacher should recognize individual differences in the learners. Not all students benefit equally from the same educational experience. The needs, circumstances, interests, readiness and ability of individuals vary greatly, and each student may progress at a different rate through the PCM instructional material.
- 3) An effective teacher not only knows herself and her students, she must have a thorough and comprehensive grasp of the total body of knowledge she is teaching to others. By recognizing and being aware of varying levels of difficulty throughout an instructional program, and her students' varying capabilities, she is able to adjust the circumstances so that the learner is continually motivated by a feeling of self-achievement. (In the suggested teaching schedule, there are frequent conferences between the student appraiser and the PCM coordinator for this purpose.)

Suggested Curriculum

The PCM instructional materials include:

1. The Learner's *PCM Manual*
 - a. Concepts Chapter
 - b. The PACE Appraisal form and Schedules (PACE II Instrument)
 - c. Standardized definitions for Appraisal form and Schedules
 - d. Mechanical Instructions and definitions by which the PACE Appraisal form is completed
 - e. Care Planning and Care Evaluation forms; (Care Planning form; Goals Achievement Summary form)
 - f. Selected Reading Resources
 - g. Appendixes
 - Drug Classification Guide (Appendix B in *PCM Manual*) Alice Abrams—A PACE patient as recorded in the PCM process for four months (Appendix C in *Manual*) Catherine Crenski (CC, Case #2)
2. Instructional Aids:
 - a. Self-tests I, IIa, IIb, and III for Chapters 1, 2, and 3 in the PCM Learner's *Manual* that cover the Appraisal form, Schedules, Care Planning, Reappraisal, and Care Evaluation

A suggested curriculum, using the materials listed above is found on the following page. It is the prerogative of the PCM coordinator to decide the scheduling of the PCM Appraiser's Training Program and when to administer the review questions. The tests in this Supplement can be duplicated (or photo copied) and distributed with the answer sheets as self-motivating self tests. As an alternative, these tests can be administered in a group setting and the answer sheets distributed only after the various tests have been taken. In this way, the Coordinator can discuss the

answers with the group and clarify the concepts of Patient Care Management.

To record student progress, a curriculum chart

might be designed, so it can be used as a record. As an activity is completed, it can be checked off and the date recorded on the sheet.

PCM SYLLABUS

Student Activity

Coordinator Action

Either group or individual conference, to describe the PCM Learner's Program in this facility.

Conference with the individual student or group to:

- 1) Review and discuss overall objectives of PCM Learner's Program
- 2) Assign readings by group or individual
- 3) Instruct students to note questions on any PCM materials
- 4) Set up tentative student schedules for first review conference

Each student:

- 1) Reads Chap. 1 Text (p. 1) of the *Manual*. Does Chap. 1 Self-test I in this Supplement. Notes any questions on objectives, text, or review questions.
- 2) Reads Chap. 2 Text (p. 5 of *Manual*). Does Chap. 2 Self-tests IIa and IIb found in this Supplement. Notes any questions on objectives, text, or self-test questions.

- 4) Assign the student to study each section of the PACE II Appraisal form (and its schedules)
- 5) Instruct the student to note any questions on PCM *Manual*

Student Activity

Coordinator Action

- 1) Reads *PCM Manual*
- 2) Notes any questions on the PACE Appraisal form (text., definitions, instructions)
- 3) Notes any questions on using PACE forms.

- 1) Select and distribute test questions in this Supplement
- 2) Select time to administer tests for review purposes

Student/teacher conference to:

- 1) Review self-tests
- 2) Discuss student's questions
- 3) Assign the patient, Alice Abrams, Case #1 (Appendix C in *Manual*)

Student Activity

- 1) Reads complete Alice Abrams, Case #1 (reads appraisals, all PACE forms)
- 2) Notes questions on any aspects of patient case
- 3) Reads Chap. 3 Text (p. 9 of *Manual*) Does Chap. 3 Self-test III in this Coordinator's Supplement. Notes any questions on text or self-test questions.
- 4) Reads Chap. 4 Text (p. 43). Notes any questions on text.

Student/teacher conference to:

- 1) Review PCM Learner's Program objectives
 - 2) Discuss student's questions
 - 3) Introduces PCM *Manual*, (PACE II Appraisal form plus schedules, definitions), using Care Planning form, and Goals Achievement Summary form.
-

Student Activity

Coordinator Action

Student:

- 1) Reviews Catherine Crenski Case
- 2) Notes questions on the case

Student:

- 1) Takes self-tests, as assigned by Coordinator

Student:

- 1) Reviews tests and chapter references related to test questions, patient cases, *own questions*, in sections assigned by Coordinator

Optional:

Students in the PCM Learner's Program might have a group discussion of care planning, care evaluation aspects of Catherine Crenski.

Student/teacher conference to:

- 1) Review Alice Abrams
- 2) Discuss student's questions
- 3) Assign Case of Catherine Crenski for student review (Appendix D of *Manual*)

Student/teacher conference to:

- 1) Discuss student's question on patient cases

Student/teacher conference to:

- 1) Reviews self-tests
- 2) Assign materials for review, *if necessary*

- 3) Assign students to conduct a joint appraisal with an experienced appraiser

EVALUATION OF THE PCM STUDENT APPRAISER

Much literature has been written on how to evaluate learning. The evaluation of an individual PCM Student Appraiser is partially accomplished by the application of pre- and post-tests throughout each phase of the curriculum. However, paper and pencil testing alone will only demonstrate the student's mastery of a small portion of the whole and will not convey the total knowledge base which is attainable through the utilization of the package of instructional materials included here. What is most important for the facility, its patients, and you and the appraiser, as staff members, is how efficiently the student will practice what has been learned?

It is strongly suggested that each student should initially conduct several joint patient appraisals with a more experienced staff member. This would enable students to familiarize themselves with the PACE II forms, and at the same time follow the least time consuming approach to record keeping information processing in your facility. By becoming more knowledgeable about what is required of patient appraisals, students would be in a position to select the most acceptable methods for integrating appraisal activities with their own, the patient's and the facility's routines.

SELF-TEST I. CHAPTER 1. OVERVIEW

The purpose of this test is to allow you to test your own ability to accomplish the objectives for Patient Care Management. Before beginning this test, decide if you are ready for testing. Answers to these questions can be found on the last page following the test questions. Chapter one (I) references to sections of this manual relating to each specific question are cited to the right of the test questions.

Multiple Choice: Circle the letter of the correct answer. For some questions, there may be more than one correct answer.

1. PCM is a systematized process of:
A. Patient appraisal (I-2)
B. Care planning
C. Care delivery
D. Data to replace medical records
E. Evaluation of care
2. PCM begins with:
A. Previous care evaluation (I-2)
B. Setting time-limited goals
C. Patient assessment
D. Care planning
E. Setting priorities
3. Which one or more of the following are not provided by PCM?
A. Systematic, objective and uniform assessment of each patient (I-2,3,4)
B. National standardized care plans
C. Facility standardization of care planning
D. Specific time-limited goals for all patients
E. Information for more efficient utilization of resources
4. Patient appraisal makes it easier to:
A. Process through admissions (I-2)
B. Fill out insurance forms
C. Measure facility response to immediate patient needs
D. Predict the end results of specific care
E. Identify the patient's problems and needs
5. Under the PCM system, what is done periodically by a facility's staff to assess the outcomes of care?
A. Setting time-limited goals (I-3)
B. Care planning
C. Care evaluation
D. Reprioritizing
6. The heart of the appraisal is in the PACE Instrument section titled:
A. Admissions Data and Background Information (I-2)
B. Impairments and Functional Status
C. Care Planning and Goal Achievement Summary
D. Medical Data and Demographic Data
E. Admission Data and Discharge Data
7. What type of information about the patient can be abstracted from the initial appraisal?
A. Multidimensional (I-2,3)
B. Biphasic
C. Facility care evaluation
D. Prioritized
E. Complete medical records
8. After the care team abstracts the initial appraisal they will:
A. Define dysfunctions (I-3)
B. List impairments
C. Set time-limited goals
D. Set priorities
E. Record multidimensional data

9. The care plan includes needed services and: (I-3)
- A. Time-limited goals
 - B. All impairments
 - C. National standards of care
 - D. Data for setting priorities
 - E. All dysfunctions
10. By asking if the right services have been given to improve the patient's functional capacity, the care team is: (I-3)
- A. Prioritizing
 - B. Setting goals
 - C. Evaluating care
 - D. Replanning care
 - E. Forming a care plan
11. PCMS is designed to help the care team provide uninterrupted care until the elderly person reaches his optimal state of: (I-2)
- A. Health
 - B. Rehabilitation
 - C. Maintenance
 - D. Only A and B
 - E. Only A, B and C
12. Which of the following is not a part of the care planning process? (I-3)
- A. Abstracting major concerns
 - B. Assessment
 - C. Stating problems in terms of the patient's functional ability
 - D. Time-limited goals
13. Which of the following professionals might attend a care planning meeting? (I-3)
- A. Social Worker
 - B. Dietitian
 - C. Attending physician
 - D. Licensed Practical (Vocational) Nurse
 - E. All might attend.
14. During Care Planning Session II (I-3)
- A. Care is replanned
 - B. A date is established for Care Planning Session III
 - C. Care Plan I is evaluated
 - D. New appraisals are considered
 - E. All of the above

ANSWERS TO SELF-TEST I FOR CHAPTER I

1. A, B, E
2. C
3. B, D
4. E
5. C
6. B
7. A
8. D
9. A
10. C
11. E
12. B
13. E
14. E

NOTES:

SELF-TESTS: CHAPTER 2. APPLICATION OF PCM IN A LONG-TERM CARE FACILITY

The purpose of Self-tests IIa and IIb is to allow you to test your own ability to learn the content in Chapter 2. Before beginning this test, decide if you are ready for this test or if you require more study in this chapter. Answers to the questions for each test can be found on the list following each set of questions. If you miss a question, go back to the section of this chapter covering the information needed to answer that particular question. Chapter (II) section references are provided to the right of each question.

SELF-TEST IIa.

Multiple Choice: Circle the letter of the correct answer. For some questions there may be more than one correct answer.

1. The completed basic appraisal and schedules are parts of a data information gathering device which provides the care team with a:
A. Plan of Care (II-5)
B. Profile of the patient
C. List of time-limited goals
D. List of priorities
E. Care profile for evaluation
2. The PCM system views each patient as:
A. One case (II-5,6,7)
B. A unique care plan
C. Part of a national program
D. An individual
E. A complete medical entity
3. Under the PCM system, the patient should receive care appropriate to his:
A. Age group, (II-5,6)
B. Own concept of illness
C. Own concept of care
D. Fellow patients with the same medical problems
E. Needs
4. The PCM system will permit patients, insofar as they are able, to:
A. Take part in their own destiny (II-5,6)
B. Express their own perception of their functional capabilities
C. Express their own goals for the care plan
D. All of the above
E. Only A and B
5. The first section of the Sample PACE II instrument is:
A. Discharge Data (I-2)
B. Admissions Data (III-11)
C. Functional Status
D. Medications
E. Impairments
6. The staff person primarily responsible for guiding facility personnel in using the PACE II instrument is the:
A. PACE Monitor (II-5)
B. Medical Record Practitioner
C. PCM Coordinator
D. Pharmacist

7. The staff person having the lead responsibility for the administration and completion of the PACE II Instrument is the: (11-5)
- A. PACE Monitor
 - B. Chief PCM Appraiser
 - C. PCM Coordinator
 - D. PACE Director
 - E. PCM Appraiser
8. The staff person who applies at regular intervals various components of the PACE Instrument to a patient is the: (11-5)
- A. PACE Monitor
 - B. Chief PACE Appraiser
 - C. Director of PACE
 - D. PACE Coordinator
 - E. PCM Appraiser

Multiple Choice: Circle the letter of the correct answer. For some questions there may be more than one correct answer.

9. The health care team and, when feasible, the _____ prioritize any problems, set goals and plan care that will achieve these set goals. (11-6-8)
- A. PACE Appraiser
 - B. Chief Medical Officer
 - C. PACE Coordinator
 - D. Patient
 - E. Monitor
10. Appropriate care planning is designed to: (11-6,7)
- A. provide a mechanism to record and prioritize patient's problems
 - B. be consonant with the medical regimen
 - C. only A
 - D. only B
 - E. A and B
11. In the PCM System, problem identification will identify: (11-5)
- A. All problems
 - B. Problems that contribute to functional disability
 - C. All problems that can be treated by long term care
 - D. Problems where intervention is necessary and appropriate
 - E. Only functional problems
12. The first objective of the care planning meeting is to: (11-5,6)
- A. Bring forward the major concerns affecting the patient and his care
 - B. Set priorities
 - C. Set care planning goals
13. Which of the following represents problems prioritized by levels of effect upon the patient? (11-6)
- A. Quality of Life, Life-threatening, Pain and Discomfort
 - B. Life-threatening, Pain and Discomfort, Quality of Life
 - C. Life-threatening, Quality of Life, Pain and Discomfort
 - D. Functional, Pain and Discomfort, Life-Threatening
 - E. Pain and Discomfort, Quality of Life, Functional
14. "The Patient will walk with help of an aide or orderly within 30 days" is an example of a (an): (11-6)
- A. Care planning goal
 - B. Priority
 - C. Major concern
 - D. Functional status
 - E. Evaluation

15. The care plan must state the treatment or activity that will be used to meet a stated goal, give the frequency of the treatment or activity and:
- Suggest several alternative treatments or activities
 - State the methods for goal evaluations
 - Group all related treatments and activities for all patients
 - Indicate how the problems will be solved
 - Indicate the person responsible for each treatment or activity.
- (II-7)

Listing: Starting with 1. Assessment, list the following in correct time sequenced order:

- | | |
|--|---|
| Prioritizing | 1. <u>Assessment portion of the Appraisal</u> |
| Evaluation | 2. _____ |
| Abstracting | 3. _____ |
| Resetting Goals | 4. _____ |
| 1. Assessment portion of the Appraisal | 5. _____ |
| Resetting Priorities | 6. _____ |
| Goal Setting | 7. <u>Reassessment portion of the Reappraisal</u> |
| Replanning Care | 8. _____ |
| Care Plan | 9. _____ |
| Identifying Needs | 10. _____ |
| 7. Reassessment portion of the Reappraisal | 11. _____ |

Matching: Match all the information on the right to the parts of the PACE II instrument listed on the left. Some answers will require two letters from Column B.

- | Column A | Column B |
|---------------------------------|-----------------------------------|
| _____ 1. Admission Data | A. Date of Birth |
| _____ 2. Demographic Data | B. Post-Appraisal medical problem |
| _____ 3. Medical Data | C. Details of Decubitus Ulcer |
| _____ 4. Schedule A | D. Last principal provider |
| _____ 5. Patient Appraisal Data | E. Range of Motion Screening |
| _____ 6. Impairments | F. Personal Hygiene |
| _____ 7. Schedule B | G. Dates of Professional Visits |
| _____ 8. Physical Function | H. Usual living arrangement |
| _____ 9. ADL's | I. Present level of care |
| _____ 10. Schedule C | J. Breaks in the skin surface |
| _____ 11. Patient Care | K. Readiness for Discharge |
| | L. Type of Appraisal |
| | M. Ability to carry out IADLs |
| | N. Primary Diagnosis |

Multiple Choice:

- | | |
|---------|-------------|
| 1. B, E | 9. D |
| 2. D | 10. E |
| 3. E | 11. B, C, D |
| 4. D | 12. A |
| 5. B | 13. B |
| 6. C | 14. A |
| 7. B | 15. E |
| 8. E | |

Listing:

1. Assessment portion of the Appraisal
2. Abstracting
3. Identifying Needs
4. Prioritizing
5. Goal Setting
6. Care Plan
7. Reassessment portion of the Reappraisal
8. Evaluation
9. Resetting Priorities
10. Resetting Goals
11. Replanning Care

Matching:

1. D
2. A, H
3. N
4. B
5. I, L
6. J
7. C
8. E
9. F
10. K, M
11. G

SELF TEST IIB FOR CHAPTER 2

The purpose of these three questions is to allow you to test your own ability for PACE REAPPRAISAL AND CARE EVALUATION. Before beginning this test, decide if you are ready for this test or if you require more study in Chapter 2. Answers to the questions can be found on the last page following the tests. If you miss a question, go back to the section of the chapter covering the information needed to answer that particular question. Chapter section references are provided to the right of each question.

Multiple Choice: Circle the letter of the correct answer. For some questions there may be more than one correct answer.

1. Evaluation is the assessment of: (II-7)
 - A. The entire appraisal
 - B. Outcomes of care
 - C. Only functional status
 - D. Major concerns
 - E. Medical conditions

2. The starting point of reappraisal in the PCM System is the: (II-7)
 - A. List of time-limited goals
 - B. Functional Status section of previous appraisals
 - C. Flagged sections of the initial appraisal
 - D. Medical Data section
 - E. List of accomplished goals

3. For the second care planning meeting, the PCM Appraiser will have on hand: (II-7)
 - A. The patient's original appraisal and reappraisal record
 - B. The first detailed care plan**
 - C. A statistical analysis of the first care plan
 - D. Pertinent information not yet on the PACE II record
 - E. A Goal Achievement Summary

4. A few days prior to Care Planning Session II the patient's appraiser should reappraise the patient's flagged or pertinent items and record this information on a fresh page of the: (II-7)
 - A. Goal Achievement Summary
 - B. Care Planning Form
 - C. PACE Appraisal Form
 - D. All of the above

ANSWERS TO SELF-TEST IIb FOR CHAPTER 2

Multiple Choice

1. B
2. C
3. A, B, D, E
4. C

NOTES:

SELF-TEST: III CHAPTER 3. PACE II INSTRUMENT

Page 1

The purpose of this Self-Test III, is to allow you to test your own knowledge of this chapter. Answers to the questions can be found on the last page of this set of questions. If you miss a question, go back to the section of this chapter covering the information needed to answer that particular question. Chapter (III) section references are provided to the right of each question.

Multiple Choice and Completion: Circle the letter of the correct answer. For some questions there may be more than one correct answer. Fill in missing phrases to complete statements.

1. Details of decubitus ulcers and other skin conditions are best entered on:
A. Under Impairments (III-15,29,31)
B. Schedule A
C. Schedule C
D. Schedule B
E. The instrument, under Medical Data
2. The PCMS care planning form calls for each prioritized item to have a:
A. Reappraisal (II-6,7)
B. Evaluation column (III-37,39)
C. Specific Goal column
D. Reprioritizing column
E. Target Date column
3. The PACE II Goals Achievement Summary will have columns for goals, the care plan date and:
A. Target Date (III-37,41)
B. New Priorities
C. Status of Goal Achievement Date
D. New Time-Limited Goals
E. Comments
4. On which of the following forms would you find the priority for the patient's problems (P/I/D) and the long range and short term goals to be reached to overcome these problems?
A. Care Planning Form (III-37,39)
B. PACE Appraisal Form
C. Goal Achievement Summary
5. On which of the following forms would you find both the record of whether or not a goal has been partially or completely achieved and whether or not the services commensurate with reaching a goal were received by the patient?
A. Care Planning Form (III-37,41)
B. PACE Appraisal Form
C. Goal Achievement Summary
D. Schedule A
6. Which of the following forms would you need to document the collective judgment and expertise of a facility's health care team in planning, providing, and assessing care for a particular patient?
A. PACE Appraisal Form (II-5-8)
B. Care Planning Form (III-11-41)
C. Goal Achievement Summary
D. All of the above
7. It is recommended that once a patient's problems have been extracted in priority order that they first be recorded on the:
A. PACE Appraisal Form (III-37)
B. Care Planning Form
C. Goal Achievement Summary
8. To begin the Goal Achievement Summary, you will need the information found on the

(III-37)

The purpose of this self-test is to allow you to test your own knowledge about the various PACE forms used in the system.

More Multiple Choice: Circle the letter of the correct answer. For some questions, there may be more than one correct answer.

9. Which of the following is *not* part of the PACE II Care Planning Form? (111-37,39)
- A. Long Range Goal
 - B. Step Toward Goal
 - C. Services Provided/Yes, No
 - D. Target Date
10. The Goal Achievement Summary Form is primarily used to: (111-37,41)
- A. Abstract the first appraisal
 - B. Summarize physical problems (11-7,8)
 - C. Prioritize problems
 - D. Summarize psychosocial problems
 - E. Evaluate patient care
11. On the Goal Achievement Summary form, goal achievement can be recorded as: (111-37,41)
- A. No change
 - B. Partial
 - C. Total
 - D. All of the above
 - E. Only B or C above

Multiple Choice and Completion

1. A, D
2. C, E
3. A, C, E
4. A
5. C
6. D
7. B
8. Care Planning Form
9. C
10. E
11. D

NOTES:



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