

# Health Care Coordination Monthly Teaching Checklist

Crewmember: \_\_\_\_\_

Instructions: The checklist below are the documents for the Health Care Coordination Manual and supporting documents that one must review and be familiar with to ensure knowledge and ability to support an individual's health and safety, please check the boxes as items are reviewed and competencies understood.

- Health Care Coordination Plan - Reviewed one's plan
- Medication Administration Manual - Understand guidelines in this manual
- Collecting Med Sheets - Understand how to document on the following forms:
  - QoCL-046 Monthly Rx Med Sheet
  - QoCL-047 Monthly Rx PRN Med Sheet
  - Counting Controlled Medication
- Medication Destruction Record - What needs to be done in order to destroy any medications.
- Medication Administration Error Form - What to do if one has a medication error.
- Individual Medication Refusal Form - What to do if an individual refuses medication.
- Medication Side Effects Assessment - Able to notice any side effects.
- Health Care Coordination Communication - How to communicate any concerns.
  - Health Care Coordination Communication Form
  - Health Care Coordination Monthly Communication Form
  - Health Care Coordination 90-Day Communication Form
- Health-Related Incident - How to communicate any health related incidents.
  - Initial Health-Related Incident Form
  - 7-Day Follow-up Health-Related Incident Form
- Seizures - Documenting one's seizures on the tracking log.
  - Seizure Tracking Log
  - Seizure Management Plan
- High Risk Plan - Following one's high risk plan.
  - Tracking Log
  - Management Plan
- Health Care Coordination Index and Reference Sheet - Ensuring one's appointments
  - Health care screening
  - Adult men preventive health care
  - Adult woman preventive health care
  - Master medical appointments
- Health Care Professional Findings and Progress Notes - Understanding what needs to be done before, during and after health care professional appointments.
  - Getting ready for the health care professional
  - Professional Service and Follow-Up
- Change of an Individual's Status Form - How to communicate any changes in the individuals status.
- Incident Report - How to communicate an incident to your mentor
- Other

## Health Care Coordination Monthly Overview

Before	During	After
<b>Medication</b>		
<p>Prepare next month's medication and PRN administration sheets - If individual is taking a controlled substance - we must fill out the form "Counting Controlled Medication"</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Administrating prescribed medication and documenting on the appropriate medication sheets</li> <li><input type="checkbox"/> Ordering and informing Navigator Mentor that medication has only seven days left of medication to administer.</li> <li><input type="checkbox"/> Informing Navigator Mentor or any medication errors.</li> <li><input type="checkbox"/> Documenting newly prescribed medication or identifying discontinued medication on the Monthly Medication Sheet</li> <li><input type="checkbox"/> Informing, documenting and giving medication to be destroyed to your Navigator Mentor on the "Medication Destruction Record" for the home and office Informing and documenting to your Navigator Mentor medication errors on the "Medication Error Report"</li> </ul>	<p>Bring in Monthly Medication Sheets on the 1st day of the month along with any other forms that have been completed for the past month</p>
<b>Ensuring One's Monthly Health Care</b>		
<p>Review any areas of concerns that have been addressed and still need to be followed up and completed</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Documenting on Health Care Coordination Form to communicate information in regards to medication, seizure, or medication side effects that are pertinent to the individual's health and safety.</li> <li><input type="checkbox"/> Documenting on the Health Related form to communicate concerns regarding one's Health</li> <li><input type="checkbox"/> Documenting on one's Seizure Tracking form when seizures occur</li> <li><input type="checkbox"/> Following one's High Risk plan and documenting as identified in one's plan</li> <li><input type="checkbox"/> Documenting on the form "Change of Individual's Status" to communicate information in regards to a change in one's physical condition, mental status or any other unusual events; including the following: vomiting, choking, falling, disorientation or confusion, patterns of behavior, seizures, etc.</li> <li><input type="checkbox"/> Informing and completing an incident report for your Navigator Mentor to file with the State</li> <li><input type="checkbox"/> Completing the Monthly Health Care Coordination Checklist</li> </ul>	<p>Bring in all forms that have been completed for the past month</p>

Before	During	After
<b>Appointments</b>		
<p>Review one's scheduled appointment to ensure attendance to the scheduled appointments.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Scheduling appointments with Navigator mentor to ensure one's health areas and concerns</li> <li><input type="checkbox"/> Coordinating one's annual physical exam on the Health care coordination and reference index with one's primary physician</li> <li><input type="checkbox"/> Following and documenting one's scheduled appointments on the Master Health Care Professional Appointments and completing the forms "Getting Ready for a Health Care Professional" appointment and Professional Service and Follow-Up.</li> <li><input type="checkbox"/> If seeing their Psychiatrist we must complete and take the QoML-009 Psychopharmacology Progress Note</li> </ul>	<p>Bring in all forms that have been completed for the past month and report any newly scheduled appointments to your Navigator Mentor</p>

Navigator: My signature below indicates that the above competencies were completed and passed by agency standards on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 NAVIGATOR SIGNATURE

Crewmember: My signature below indicates that the above information has been explained to me and I understand how to implement this information.

\_\_\_\_\_  
 CREWMEMBER SIGNATURE

\_\_\_\_\_  
 DATE