CIA Due Report / POC Call Tip Sheet

This document provides guidance on the process for preparing patient Comprehensive Interdisciplinary Assessments (CIA) and Plan of Care (POC) calls.

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# CIA Due Report

1. The CIA Due Report is a Clarity-generated report that lists all patients due a Comprehensive Interdisciplinary Assessment (CIA) due within the next 60 days or overdue.
2. The report is based on information in the patient’s chart in Clarity

# Key Points

1. A patient’s CIA should be completed the month it is due.
2. It is the unit’s responsibility to identify errors ahead of time and get them corrected before the CIA Due Report is locked

# How to Use

1. Review the CIA Due Report on K-Net to see who is due a CIA. Example- the May call will include all patient with due dates May 31st or earlier.
2. Locate the call date using the Call Calendar on K-Net to see when the physician’s call will take place
3. The CIA Due Report will be refreshed and posted to K-Net every Wednesday. This report will lock in the patients that will be discussed on the following week’s call
	1. Example: To look to see which patients to be discussed on May 15, look for the report on K-Net labeled for that week.
4. A list of moderators will be posted on K-Net
5. IDT members will need to inform the moderator when a patient plans to attend a call (Need to identify who is going to post the moderator schedule on K-Net)
6. Note: The CIA Due Report can be sorted and filtered. Make sure you look at designations for your facility including PD and XAKI

# Errors on the CIA Schedule

1. If there is an error on the CIA Due Report
	1. Ask the primary nurse to check the patient’s chart in Clarity and correct any errors
		1. Patient’s CIA, Type, Date Complete
		2. Patient Status History
		3. Patient Clinic History, Network Event
		4. Patient Instability History
2. If you can’t figure out what the problem is, submit a ticket to Helpline requesting assistance

# Important Reminders

1. Review the CIA Due Report at least 3 weeks out in order to identify any errors that need to be corrected. They must be corrected prior to the CIA Due Report being locked. Example:
	1. On May 6, the schedule will be locked through May 15
	2. On May 13, the schedule will be locked through May 22

# Tips for Primary Nurses

1. Do not open the CIA until all splitters and the call have been completed.
	1. Creating the CIA too early will cause the patient to drop off the CIA Due Report and trigger the next CIA due date incorrectly.
2. Complete your CIA on time. If not completed, the patient will show as overdue and will be expected to be discussed on the next call.
	1. Reference: RN CIA Workflow
3. Properly document unstable patients and changes in status in Clarity.
	1. Reference: Tip Sheet: Unstable Patients
	2. When patients are retuned to stable status, make sure to enter that stable assessment date in Instability History.
4. Notify CIS of patient transfers in a timely manner so they can assign the appropriate network event in the patient’s chart
	1. If your unit is listed in the Clinic History without a network event, they have not been officially been transferred into the new clinic

# Frequently Asked Questions

1. What if we want to discuss a patient in an earlier month than the due month in order to complete the call by the due date? (please add any policy wording)
2. What if a patient is not showing due for a transfer care plan because the previous unit “completed” a care plan after the date of transfer?
3. What if the patient is unavailable for assessment due to hospitalization or travel? (please add any policy wording)
4. Why is patient’s care plan showing as overdue?

A: Check to make sure the lumper was completed. Go to Patient; Checklist History; choose Comprehensive Assessment, choose the patient’s name; click to view checklist; select Print report; scroll down to the bottom of report to make sure there is a completed date.

1. What if I need to add or remove a patient from the locked schedule? (please add any policy wording)
2. What if a patient is on the locked schedule but has been transferred to another facility?
3. What if a patient is on the locked schedule but has been transferred to another physician?
4. Why is the patient showing as unstable when he was marked stable in the last cia?
5. Make sure the cia date is entered in the Instability History
6. Why is the patient showing due for an initial care plan when they transferred with a current care plan?
7. Check to make sure the transfer care plan date was entered into the 27278 field in Clarity.

The report is posted on K-Net on every Wednesday for the schedule the following week. The report will be “locked” for the next week?

It is important to review you list of patients for the next 60 days to verify if is correct and take the necessary actions to fix any issues before the report is “locked”