CIA / Scheduling 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 someone responsible for correcting errors ahead of time by reporting them to the Helpline (cc Ed Stauffer) by Tuesday before the CIA Due Report is locked on Wednesday.

# How to Use

1. Review the CIA Due Report on K-Net to see who is due a CIA. (Password: #nkcpoc1) Example- the May call will include all patient with due dates May 31st or earlier.
2. Locate the call date using the CIA Call Schedule 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 Thursday morning. This report will lock in the patients that will be discussed on the following week’s call. Once locked, it cannot be changed.
	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. When a patient plans to attend a call, Unit Manager or Primary Care RN will need to inform the moderator, (found on the CIA Call Schedule) at least 1 hour before the call time.
5. 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 Due Report

1. The Unit Manager or their designee will review the CIA Due Report at least 3 weeks out to identify any errors that need to be corrected. 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
2. If there is an error on the CIA Due Report, ask the primary nurse to check the patient’s chart in Clarity to look for and correct any of the following likely errors.
	1. Patient’s CIA, Type, Date Complete
	2. Patient Status History
	3. Patient Clinic History, Network Event
	4. Patient Instability History
3. If you cannot determine what the problem is, email Helpline (cc Ed Stauffer), requesting assistance.

# Tips for Unit Managers / Primary Nurses

1. Do not open the CIA checklist (lumper) 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 the lumper does not have a completion date, the patient will show as overdue and will be expected to be discussed again 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 returned to stable status by closing the lumper, be sure to check that the stable assessment date appears in the Instability History in the assessment date field
4. Notify CIS of patient transfers in a timely manner so they can assign the appropriate Network Event (i.e. change of modality, transfer in, transfer to new unit) in the patient’s chart.
	1. If your unit is listed in the Clinic History without a Network Event showing the modality change or transfer, 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?
	1. The formal CIA must be completed in the due month. Meanwhile, the interdisciplinary team will discuss the patient informally, and the Unit Manager or their designee will document in “Patient Notes” the patient’s transition and any known information in preparation for the 30-day review. (Example: “John Doe was admitted Monday, and the interdisciplinary team is completing assessments now. He presents with the following, and these interim steps are being taken during his transition into NKC. His full 30-day review is scheduled on…”)
2. What if a patient is not showing due for a transfer care plan because the previous unit closed the CIA checklist (lumper) after the date of transfer?
	1. Please contact Helpline to notify them of the discrepancy. (cc Ed Stauffer)
3. What if the patient is unavailable for assessment due to hospitalization or travel?
	1. The CIA-POC will be held as scheduled for hospitalized or traveling patients.
4. Why is patient’s care plan showing as overdue?
	1. 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.
	2. Notify Helpline if you cannot determine the problem. (cc Ed Stauffer)
5. What if I need to add or remove a patient from the locked schedule?
	1. No changes will be made once the schedule is locked.
6. What if a patient is on the locked schedule but has been transferred to another facility?
	1. The POC should go on as scheduled for internal NKC transfers.
	2. Unit Manager should contact Helpline (cc Ed Stauffer) to ensure a 90-day review is held in new NKC unit.
	3. When the patient transfers to a non-NKC organization, the CIA-POC does NOT need to be completed.
7. What if a patient is on the locked schedule but has been transferred to another physician?
	1. When the former physician has completed the CIA (splitter), the interdisciplinary team should discuss the patient as scheduled, indicating the patient’s transfer to the new physician and any feedback from the departing provider. The CIA-POC will be shared with the new provider to ensure a smooth transition of care.
	2. When the former physician has NOT completed the CIA (splitter), discuss the patient informally, Unit Manager or their designee will write a progress note that the patient has changed physicians. The meeting will be moved to the new nephrologist’s next scheduled meeting.
8. Why is the patient showing as unstable when he was marked stable in the last CIA?
	1. Make sure the CIA date appears in the Instability History under assessment date.
9. Why is the patient showing due for an initial care plan when they transferred with a current care plan?
	1. When the patient comes in with a transfer care plan, Nurse Manger or designee will request Helpline to enter the transfer care plan date into the 2728 field in Clarity.
10. Why are schedules “locked?”
	1. The dated and locked K-Net CIA Due Report dated for the week of the meeting is the only report you should use to obtain the firm list of patients to be discussed for that week.
	2. After a schedule is locked, every patient with a due date prior to the end of the current month will be discussed.
	3. Once a weekly schedule is locked, the list of patient names for that week (for the dates listed) is sent to the nephrologists. This provides the nephrologist with an accurate list of all the patients to be discussed on their call the following week.
	4. The locked schedule prevents frustration about last minute changes to the schedule, leaving nephrologists or other interdisciplinary team members unprepared to meet.
	5. The locked schedule prevents an interdisciplinary team member, who has completed an assessment for a patient that is not discussed, needing to redo that assessment to meet the within 15 days regulatory requirement.