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CHAPTER 2. RESPONSIBILITIES

2.01 CHIEF, DOMICILIARY CARE PROGRAM

a. The Chief, Domiciliary Care Program, a bed service chief reporting to the Chief of Staff, is responsible for all aspects of a comprehensive program of care for domiciled veterans and for the efficient, effective operation of the domiciliary care program

(1) All staff assigned to the domiciliary, both clinical and administrative, will be programmatically accountable to the Chief, Domiciliary Care Program, while remaining professionally and organizationally accountable to their respective service chiefs.

(2) Chief, Domiciliary Care Program, will directly supervise the domiciliary staff responsible for provision of 24 hours coverage of the domiciliary.

2.02 DOMICILIARY ADVISORY BOARD

a. A DAB (Domiciliary Advisory Board) is an interdisciplinary board, composed of chiefs of services involved in the provision of domiciliary care. The DAB will advise on matters of interdisciplinary planning, evaluation of treatment modalities and programs. The DAB reports to the Clinical Executive Board of the medical center.

b. The medical center or domiciliary (White City) director will designate the membership of the DAB and assign membership to it from each of the professional services designated to provide support services to the domiciliary. The Chairperson of the DAB will be the Chief, Domiciliary Care Program.

c. The Chief, Domiciliary Care Program, is responsible for the full implementation of therapeutic initiatives and programs. The Chief, Domiciliary Care Program, will report to the DAB on the effectiveness of treatment initiatives and make recommendations when necessary.

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d. A DSC (Domiciliary Screening Committee) will function as a sub-committee of the DAB. Domiciliary quality assurance activities will be conducted in a manner consistent with JCAHO (Joint Commission of Accredited Hospital Organizations) Accreditation Manual for Hospitals, appendix A, part II.

e. A Domiciliary Care Quality Management Committee will function as a subcommittee of the DAB.

2.03 INTERDISCIPLINARY TREATMENT TEAMS

a. Interdisciplinary treatment teams, designated by the Chief, Domiciliary Care Program, will be responsible for treatment planning and service delivery for domiciliary care patients. The teams will include representation from the services involved in the provision of direct care to domiciliary patients.

b. Each new admission will be interviewed by interdisciplinary team members to assess treatment needs and be scheduled to meet with the team to formulate treatment and discharge plans. This process will be implemented within 3 workdays after admission of the patient and completed within 2 weeks.

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c. The organization of the team will vary depending on treatment objectives and patient load. The team normally includes physicians, social workers, nurses and allied health staff. Other consultative and support staff may include representatives from any of the health care professions (e.g., psychiatry, psychology, dietetics, pharmacy, dentistry, ophthalmology, podiatry, audiology and rehabilitation therapies).

d. The patient treatment plan/activity schedule will be coordinated/monitored by a treatment team member.

e. Interdisciplinary treatment teams will review patient treatment plans/activity schedules as frequently as needed, but in no case shall this review exceed an interval of 6 months. This review will assess current treatment, patient progress, need for continued care and discharge plans. The patient will be present at such formal reviews. The results of such review will be fully recorded in the patient's consolidated health record.

f. Each patient will be assigned a schedule of daily therapeutic activities. The activities will be related to the patient's abilities, interests and the therapeutic goals developed by the team in conjunction with the patient. The therapeutic reasons for the activities will be explained to the patient.

2.04 DOMICILIARY SCREENING COMMITTEE

A DSC (Domiciliary Screening Committee) will be established to review appropriateness of applications for domiciliary care. The DSC will be composed of an interdisciplinary staff fully acquainted with the Domiciliary Care Program. The DSC will determine the treatment needs of the applicant and select those patients most likely to benefit from domiciliary care.

2.05 DOMICILIARY PATIENT'S ADVISORY COUNCIL

a. A Patient's Advisory Council will serve as a forum for discussions by patients in the domiciliary, including operational and administrative issues,

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complaints and other matters of concern, and will serve in a advisory capacity to the Chief, Domiciliary Care Program.

b. Council By-laws, subject to approval by management, will provide for election of representatives by patients, selection of council officers, and term of office for officers and representatives.

c. The Chief, Domiciliary Care Program, will serve as liaison between veterans and staff.