

December 6, 1990
M-5, Part IV

Chapter 6

M-5, Part IV
December 6, 1990
Chapter 6

CONTENTS

CHAPTER 6. DOMICILIARY CARE PROGRAM REPORTS

PARAGRAPH
PAGE

6.01
Reports 6-1

6.02
Annual Narrative Report, RCS 10-0172 6-1

APPENDIX

A
Quality of Life A-1

December 6, 1990
M-5, Part IV

Chapter 6

M-5, Part IV
December 6, 1990
Chapter 6

CHAPTER 6. DOMICILIARY CARE PROGRAM REPORTS

6.01 REPORTS

a. **AMIS Reports RCS 10-0021.** This report, submitted through the AMIS (Automated Management Information System), will be prepared and transmitted to Austin DPC in accordance with the procedures provided in VA Manual MP-6, part VI, supplement No. 1.2, chapter 21, section 2103.00, VA Nursing Home and VA Domiciliary Activity Code Sheet, VA Form 10-7400-2 (AMIS), Segments 345 and 346.

b. **RCS 10-0141.** The report should be reviewed and concurred in, by Chief, Domiciliary Care Program, prior to submission to ensure that the support from administrative, professional and support service accurately reflects the number of personnel assigned to the domiciliary.

c. **Annual Report of Domiciliary Care Program (Narrative Report)**

6.02 ANNUAL NARRATIVE REPORT, RCS 10-0172

a. **Purpose.** The Annual Narrative Report of the Domiciliary Care Program provides local management and VA Central Office with current basic information regarding major program elements having administrative, or clinical significance to the Domiciliary Care Program.

b. **Form of Report.** The Annual Narrative Report of the Domiciliary Care Program will be prepared by the Chief, Domiciliary Care Program, in coordination with professional services providing program and staff support to the domiciliary. The report will be prepared in triplicate on letter-size paper, dated and identified by the medical center's or domiciliary's name and the report control symbol. Information contained in the report will be concise and brief, not to exceed three typewritten pages, exclusive of attachments.

c. **Frequency and Report Period.** The report will be prepared annually at the close of the fiscal year.

December 6, 1990
M-5, Part IV

Chapter 6

M-5, Part IV
December 6, 1990
Chapter 6

d. **Distribution and Forwarding Date.** The Narrative Report is the report of the Chief Domiciliary Care Program. The original and one copy will be forwarded through the Assistant Director, Chief of Staff, and the medical center or domiciliary Director, each of whom may comment on any materials in the report by endorsement, to reach VA Central Office within 15 workdays after the close of the fiscal year. Reports will be addressed to the ACMD (Assistant Chief Medical Director) for Geriatrics and Extended Care (145A), through the Regional Director (13__/145A).

e. **Instructions for Content of Report.** Only significant developments or changes need be reported. Report will include a copy of the Table of Organization and Functional Chart in Domiciliary Care Program and a listing of professional staff assigned to the Domiciliary Care Program, and will focus on progress in the development of the domiciliary treatment programs. The report should be organized in relation to and include reference to areas as follows:

(1) **Therapeutic Rehabilitation Programs**

a. Medical

b. Psychological

December 6, 1990
M-5, Part IV

Chapter 6

M-5, Part IV
December 6, 1990
Chapter 6

c. Social

d. Educational/Vocational

e. Incentive therapy

(2) Discharge planning and community outplacement.

(3) Quality assurance program activities.

(4) Quality of life/domiciliary living environment.

(5) Patient Advisory Council activities.

(6) Research

(7) Staff development/education and training.

(8) Patient health education program activities.

(9) Remarks.

Include centrally or locally assigned tasks, projects, innovative program developments or problems not reportable under the headings.

Appendix A

QUALITY OF LIFE

1. GENERAL

a. Quality of life refers to the extent to which a patient is able to achieve security, self-esteem, and the opportunity to use intellectual and physical capabilities in pursuit of personal goals in the domiciliary.

b. This concept implies a life that is as meaningful and satisfying as qualities of mind and body permit.

c. Quality of life is not a static concept, but has variables which have changing values to each person during one's life cycle.

2. ASSESSMENT OF QUALITY OF LIFE FEATURES

In addressing the need to provide the highest possible quality of life for domiciliary care patients, it is essential that each domiciliary, to the extent that program resources allow, provide:

a. An Environment That Provides for Personal Space

(1) Appropriate room furnishings, such as chair, desk, lamps, dresser, and locker in a defined personal space.

(2) A place to park an appropriately licensed and insured automobile.

(3) Space to store large objects and belongings within the facility.

(4) Space and encouragement to display personal articles within the patient's living area.

December 6, 1990
M-5, Part IV

Appendix A

M-5, Part IV
December 6, 1990
Appendix A

(5) Freedom to arrange furniture within limitations of space and with management approval.

b. A Stable Environment With Predictable Aspects

(1) Formal orientation, including handbook.

(2) Stipulated time for meals and medications.

(3) Continuity of staff assigned to the domiciliary treatment teams and therapeutic programs.

(4) Stipulated appeal process related to proposed irregular discharge.

(5) Posted and circulated schedule of weekly activities.

(6) Scheduled activities program with emphasis of helping patients maintain as independent a lifestyle as possible, to include attention to personal grooming needs.

(7) Sufficient time for patients to pursue leisure time activities on their own.

(8) A staff person designated as patient's primary resource for counsel and assistance.

A-6

A-6

December 6, 1990
M-5, Part IV

Appendix A

M-5, Part IV
December 6, 1990
Appendix A

c. An Environment That Encourages and Permits Choice

- (1) Some flexibility of sleep schedule.
- (2) Freedom to leave domiciliary (with notification, when appropriate).
- (3) Some choice in menu.
- (4) Access to public transportation.
- (5) Not be excluded from domiciliary for drinking alcoholic beverages unless resultant behavior is abusive or disturbing to others or unless consumption of alcohol represents a contravention of prescribed treatment or therapeutic community program ethic.
- (6) Provisions for nonsmokers.
- (7) A place to stay up late, if desired.
- (8) Availability of laundry facilities, including washers and dryers, for patient's personal use.

d. An Environment That Responds to Failing Faculties Without Fostering Dependence

- (1) Yearly vision, hearing and dental examinations.
- (2) Availability of podiatry services.

A-7

A-7

December 6, 1990
M-5, Part IV

Appendix A

M-5, Part IV
December 6, 1990
Appendix A

- (3) Enlarged print on signs and in reading material.
- (4) Recognition of individual's need for special prosthetic/orthotic devices and established process of acquisition.
- (5) Availability of barber or beautician for patients.
- (6) Adequate lighting.

e. Environment That allows recognition of individual interests through the Availability of Recreational, Educational, Vocational, and Spiritual Activities

- (1) Available current reading materials in domiciliary.
- (2) Space for, and encouragement of hobbies.
- (3) Opportunity to participate in recreational, productive work, educational, vocational, and spiritual activities on a regular basis, both in the domiciliary and in the community.
- (4) Encouragement of physical exercise.
- (5) Availability of regularly scheduled volunteers.

f. An Environment That Encourages and Permits the Veteran to Maintain Contact with the Family, Family Surrogate, and the Community

A-8

A-8

December 6, 1990
M-5, Part IV

Appendix A

M-5, Part IV
December 6, 1990
Appendix A

- (1) A place to receive visitors in a private and pleasant environment without interference.
- (2) Assistance in writing letters or making phone calls, including funding of calls, if necessary and as deemed appropriate.
- (3) Encouragement to participate in community recreational and service activities.
- (4) Use of personally owned television.
- (5) Encouragement of family and friends to visit.
- (6) Flexible visiting hours.
- (7) Access to public telephone with visual, auditory, and physical adaptations.

g. An Environment That Provides for Personal Security and Safety

- (1) Properly illuminated and posted walkways and crosswalks.
- (2) Fire drill held in accordance with facility policy.
- (3) A place to lock personal possessions.
- (4) Slip-resistant surfaces in bathing facilities.

A-9

A-9

December 6, 1990
M-5, Part IV

Appendix A

M-5, Part IV
December 6, 1990
Appendix A

- (5) Barrier-free environment.
- (6) Communications system available at all times.

h. A Climate That Enhances Human Dignity

- (1) VA Code of Patient Concern posted and given to staff and patients.
- (2) Patient participation in formulation of rules, policies, and decision making through the Patient Advisory Council.
- (3) Annual survey of patient satisfaction.
- (4) Annual assessment of staff attitudes.
- (5) Availability of human relations training for staff.
- (6) Opportunity for patients to assist others.
- (7) Residential environment.
- (8) Empathic involvement of staff with patients.
- (9) Privacy in toilets and in baths.
- (10) Rights to information about disability.

A-10

A-10

December 6, 1990
M-5, Part IV

Appendix A

M-5, Part IV
December 6, 1990
Appendix A

(11) Patient Advisory Council with election of members and bylaws that outline rights and privileges of council.

A-11

A-11