

**DIHS SHORT STAY UNIT
EVALUATION WORKSHEET AND REPORTING FORM**

A# _____

Provider _____

Admission Date: _____

Diagnosis: _____

INDICATOR:

1. Admission to the short stay unit was necessary and rendered expected results.

PROCEDURE:

- 1. ALL PATIENTS WHO ARE ADMITTED TO A SHORT STAY UNIT
WILL BE REVIEWED AND MONITORED ON AN ONGOING BASIS.**

CRITERIA:

1. Diagnosis and reason for admission are related.
Y N Percent compliance _____
2. Admitting history and physical are present in the chart and completed.
Y N Percent compliance _____
3. Nursing care plans are present, pertinent and followed.
Y N Percent compliance _____
4. Vital signs are taken and documented as ordered, but no less than once per shift.
Y N Percent compliance _____
5. Treatment is appropriate for condition.
Y N Percent compliance _____
6. Progress notes are present for each day and detainee's response to therapy while in short stay unit is clearly documented.
Y N Percent compliance _____
7. Discharge planning, education and follow-up are clearly documented.
Y N Percent compliance _____
8. The outcome of the treatment was successful or as expected.
Y N Percent compliance _____

Threshold _____

Percent compliance with all criteria _____

DIHS QMD 007