



THE NEW
WISHARD™

ESKENAZI
HEALTH™

Monthly Activity Report Instructions

General Instructions:

- MAR should be submitted by the first of every month for the month preceding, no matter what date you took your case
- if you are submitting this report via e-mail, please do not include the patient name or any other identifying information
- please include your name and date submitted
- If you have any questions about how to complete your MAR, please contact the WVAP director.

Estimated hours: estimate of the number of hours spent in conducting business for your patient including, care conference, visits, phone calls, etc.

Number of patient visits: how many times you saw your patient this month

Number of care conferences: how many scheduled or unscheduled care conferences you attended with nursing facility or hospital staff (please specify in description).

Decisions made for patient: the following items should be marked ONLY when a decision has actually been made that affects the patient. If you are wanting to capture other information, please do so at the end of the document under 'Additional Notes.'

Financial: decisions regarding patient's financial matters including:

- establishment of guardianship account,
- closing of bank account,
- authorization for facility to act as rep payee,
- establishment of trust account at nursing facility
- payment of funeral trust
- sale of property
- apartment move
- money spent down for Medicaid

Medicaid application started: capture if the patient is not already on Medicaid and you are required to start the medicaid application.

Placement: patient's initial placement in a facility or subsequent transfer to another facility here.

DNR Consent: your consent for DNR (please specify whether at nursing facility or hospital.)

End of life treatment withdrawal: decisions to stop ventilation, dialysis, antibiotics to treat life-threatening infection, or medications used to sustain blood pressure (please specify what treatments were stopped in text field.)

End of life treatment withheld: decisions not to start ventilation, dialysis, antibiotics to treat life-threatening infection, or medications used to sustain blood pressure (please specify what treatments were not started in text field.)

Palliative Care Consult Requested: decision to consult Palliative Care Team for discussion of use of comfort care.

Hospice Referral Requested: decision to refer patient for hospice care.

Ethics Consult Requested: decision to consult ethics consultant – used when there is a possible conflict between patient/guardian wishes and those of family and/or medical team.

Readmission to hospital: readmission to hospital for same condition/diagnosis within 30 days of hospital discharge [note: does not have to be same hospital] e.g. patient admitted to Wishard for altered mental status/psychosis; goes to nursing facility; readmitted to geriatric psych unit next week for altered mental status/psychosis.

This option would not be used in example where: patient admitted to hospital for altered mental status/psychosis; goes to nursing facility; admitted to Wishard the next week due to broken hip.

Admission to hospital: admissions to hospital (any hospital, not just Wishard or Methodist) which are not readmissions.

Medical procedures: decision for invasive medical procedures which required your consent e.g. surgery, invasive diagnostic procedures (please specify what procedure was consented to in text field.)

Funeral planning: capture decisions regarding selection of funeral home, cremation v. burial, etc (please specify what decisions were made in text field.)