Davita basic training classroom study guide 2020 printable form pdf

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A diabetes self-management assessment is the diabetes educator's evaluation of a customer's ability to manage the diabetes. The assessment must gather information about the customer's: medical history; age; cultural influences; beliefs and attitudes about maintaining good health; and knowledge about diabetes. A diabetes self-management assessment is provided in person with the trainer and customer at the same location. The diabetes self-management assessment may be provided remotely only with a VR director approved VR3472, Contracted Service Modification Request. Remote services must follow VR-SFP 3.6.4.1 Remote Service Delivery. Any request to change a Service Definition, Process and Procedure, or Outcomes Required for Payment must be documented and approved by the VR director, using the VR3472, Contracted Service Modification Request for Blind and Visually Impaired Services, before the change is implemented. The approved VR3472 must be maintained in the provider¢ÂÂÂs customer case file. For more information, refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery. For more information refer to VR-SFP 3.6.4.2 Evaluation of Service Delivery. For information on acceptable signatures refer to VR-SFP 3.11.1 Documentation and Signatures. It is recommended that the diabetes educator use adaptive equipment and disposable supplies for demonstration during the assessment. The suggested items include: a talking blood-glucose meter; an insulin-measuring device, such as Count-A-Dose, which allows a blind or vision-impaired individual with diabetes to fill an insulin syringe without assistance; a syringe magnifier; a portion-control plate, such as Meal Measure; an insulin pen (or other injectable device for demonstration purposes); a talking blood-pressure monitor; and disposable supplies such as test strips, syringes, and insulin. The customer and instructor develop an education and support plan that is created from approaches for effective health communication and education while taking into consideration the customer's barriers to self-management, abilities, and expectations as well as information from the diabetes self-management assessment. (ADA, 2016) The initial diabetes self-management assessment helps the diabetes educator recommend the skills training from which the customer would benefit. The training areas include information and skills relating to: an overview of the pathophysiology of diabetes; nutrition; exercise and activity; blood-glucose monitoring and how to use the monitoring results; diabetes-related complications; management of sick days; medical treatment; medication; foot, skin, and dental care; preconception care, pregnancy, and gestational diabetes, if applicable; insulin; use of the health care system; community resources; stress and psychosocial adjustment; goal setting; employment aspects and/or barriers related to diabetes; and adaptive diabetes self-management equipment and tools. The initial assessment should evaluate all the above topics. The training plan should recognize the partial or complete deficits in self-management knowledge and identify the specific deficits that should be addressed. If the results of the initial diabetes self-management assessment warrant, training may begin immediately if: an initial diabetes self-management assessment was conducted in the previous 12 months; no significant change to the customer's medical status, including no new medications or new complications, has occurred; a service authorization has been issued; and the service provider has adequate information to begin skills training based on the results of the Initial Diabetes Self-Management Assessment. Should the provider of the diabetes education training be different from the provider who conducted the initial assessment, the VR2888, Diabetes Self-Management Education Assessment, and the VR2901, Diabetes The new provider should review the previous and subsequent evaluation before starting the training in diabetes education. If the new diabetes educator does not agree with the original evaluation recommendations, a consultation is expected between the VR counselor, the new diabetes educator and the specialist in the state office for diabetes education programme to establish an agreement on the right diabetes education for the VR client. 7.3.2 Process and Procedure The initial evaluation of diabetes self-management can be done before or after determining eligibility. The diabetes self-management evaluation provider begins services once a signed VR service authorization has been received and a VR2883, Reference form on the education of self-management of diabetes, completed by the VR counselor, or the independent worker of life services for older people who are blind (ILS-OIB). The VR2883, Diabetes Self-Management Education Referral Form: indicates why customer reference is made for the evaluation of diabetes education; and describes the problems and/or questions addressed in the report of the diabetes educator. The initial evaluation of the self-management of diabetes should not exceed two hours and should be sustained for each individual client. The provider should discuss additional hours with the VR counselor or the ILS-OIB worker and the VR diabetes programme specialist. The application must be documented and approved by the VR director using VR3472, Request for Modification of Contracted Services. 7.3.3 Plan of Education and Support The diabetes educator develops a written education plan and support in the section General Recommendations of VR2888, Evaluation of Diabetes Self-Management Education. The staff of RV and the educatordiabetes ensure that the education and support plan is adequate, based on the age of the client; type of diabetes (1 or 2;) history of diabetes; cultural influences; learning skills; and disability. diabetes educators should hear the blood glucose meter that speaks:snoitaton gniwollof eht sesu redivorp eht ,etairporppa sA .diap eb ot redivorp eht rof yteritne rieht ni detelpmoc eb tsum smrof llA :eht no remotsuc hcae rof sgnidnif rehto dna tnemssessa tnemeganam-fles setebaid laitini ruoh-owt eht stnemucod rotacude setebaid ehT tnemyaP rof deriuqeR semoctuO 4.3.7 .redivorp wen a yfitnedi dna noitazirohtua ecivres eht lecnac ot yrassecen si ti taht enimreted yam RV .xaf ro ,liam repap ,liame yb rolesnuoc RV eht yfiton tsum rotacude eht neht ,skeew radnelac eerht nihtiw tnemssessa eht etaitini ot remotsuc Eht htiw tisiv eht eht eht eht eht eht eht ehdehcs rotacde stebaid eht s â â, ,sreirrab in the sseccus ROF rof scruoser dna seigetarts yfitnedi remotsuc eht pleh ,sdeen tnemeganam-fles sâ€â€â€ ediug rotacude setebaid eht ,gnikam noisiced demrofni ,deretnec nosrep gnisU .semoctuo evorpmi dna roivaheb egnahc ot gnivlos melborp lanosrep ni egagne ylluf ot remotsuc eht srewopme gnittes laog egnahc roivaheB .tnemssessa eht fo noitelpmoc fo syad 53 nihtiw RV ot dettimbus eb tsum troper tnemssessa ehT .tnemssessA noitacudE tnemeganaM-fleS setebaiD ,8882RV gnisu secivres dna ,tnempiuqe ,gniniart rof snoitadnemmocer sekam dna setebaid eht eganam ot ytiliba s'remotsuc eht fo tnemssessa eht setelpmoc rotacude setebaid ehT .srucco gniniart slliks dna desahcrup si tnempiuqe eht erofeb esahcrup eht ezirohtua tsum tsilaiceps stebaid Rv eht ,resem gniklat fo epyt tnereffid a gnmocer rotacude stebaid fi .Remotsoc eht ot ot sssessuv ssessu irpotnu ssessu ssessu ssessu ssessu kcessun kcessun kcessun kcessun kcessun kcessun kcessun kcessun kcessun kcessun kcessus a EHT SESESSA :ot Tsilaiceps margorp stebaid Eciffo Eht YB For "not applicable" N/d for "not disseminated by customer" n/e to "not evaluated" the initial evaluation fields are completed in the VR2901. The form is electronically saved so that post-evaluation fields can be completed later. The VR2888, evaluation of the education of the self -management of diabetes, reports the information that the diabetes educator capturized during the initial evaluation, as well as the recommendations for the equipment and the formation. The VR2901, diabetes and post -ssment, allows a comparison of customer knowledge about diabetes management before and after training. 7.3.5 To obtain more information, see 7.6 Self-Management Education Services Fee Schedule diabetes. Go to the main content in this case describes the challenges facing the CEO Kent Thiry and Davita when thinking about how to integrate a recent acquisition, Health Care Partners (HCP). Davita had mainly been a company of renal dialysis with a very strong culture built around teamwork, diversion, continuous improvement, accountability and service. The higher management staff saw Davita as â € œa first community and a second company. The HCP was an integrated supplier of medical attention with a substantially different work force of Davita. The case describes the story of Davita, its industry, its unique culture, and its © xito in the last 15 years. It provides a detailed description of how culture was developed and managed through the use of a series of processes and events, including the careful use of language, symbols and traditions (the company is a â € œvillageâ € of the team are â € œInity, the use of slogans such as â € œuno for everyone for one, three mosqueling costumes, wide participation of team members, broad recognition and reward programs, investment in formation Y This culture was a competitive advantage in Davita's financial success by attracting and otcat ne WATS yatS yatS yatS yatS sU etoT tfO weivrevO sU snoitatc¡ÂtnoC sodinU sodatsE sol ed lareneg n³ÃicpircseD .UU .EE etisiV sboJ secruoseR ytinummoC drofnatS serodatulcer y senoicazinagro ,n³Ãiccader ed alas al ed n³Ãiccader ed alas al ed n³Ãiccader ed sotneve ed saserpmE stsacdoP drofnatS soicogen ed enizagaM DROFNATS DROFNATS STHGISNI SONMULA ACETOILBIB DEES drofnatS ed n³ÃicagitsevnI e datlucaF avitucejE n³ÃicacudE samargorp sol ed aicneirepxe al eugracseD .sosac ed arutircse ed anicifo al noc eseuqÃnumoc ,satlusnoc araP .etnemalos BSG drofnatS ed selautca lanosrep y seroseforp ,setnaidutse sol rop ragracsed arap elbinopsid ¡Âtse lairetam etsE .etreuf larutluc n³Ãicazinagro anu ne dadinu aveun anu rargetni la soÃfased soL ¢Â ¬â ¢Ã aigetartse al noc arutluc al raenila ed aicnatropmi aL ¢Â ¬â ¢Ã arutluc al ed n³Ãitseg aL ¢Â ¬â ¢Ã arutluc al aibmac y anoitseg ,allorrased es om³Ãc ¢Â ¬â ¢Ã avititepmoc ajatnev anu rareneg arap arutluc al razilitu edeup es om³Ãc ¢Â ¬â ¢Ã :ejazidnerpa ed sovitejbo setneiugis sol rartsuli nedeup es ,osac le e±Ãesne es om³Ãc ed odneidnepeD .acid©Ãm n³Ãicneta ed soicos sol a esratropxe aÃrebed o aÃrdop arutluc atse is are oÃfased oveun lE .socinÃlc sodatluser sol ed arojem al y sotsoc sol ed lortnoc le odneinetnam ,setneicap y lanosreP

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