

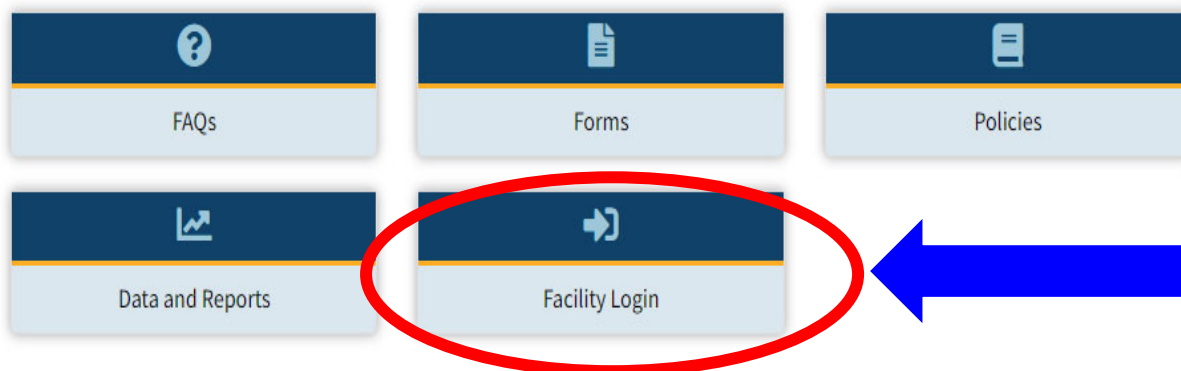
California Patient Representative Information System 2023

Requesting a Public Patient Representative

Developed by:	Office of the Long-Term Care Patient Representative
Date:	January 19, 2023
Version:	1.0
Resource(s):	https://youtu.be/929WJZQUkWo

This training is intended to provide a instructions for facilities on requesting public patient representatives from the Office of the Long-Term Care Patient Representative (OLTCPR) using the California Patient Representative Information System (CAPRIS).

CAPRIS is a secured web-based system accessed via weblink and can be found on the Office of the Long-Term Care Patient Representative's webpage at the following link: https://www.aging.ca.gov/Providers_and_Partners/Office_of_the_Long_Term_Care_Patient_Representative/ in the Facility Login tab:

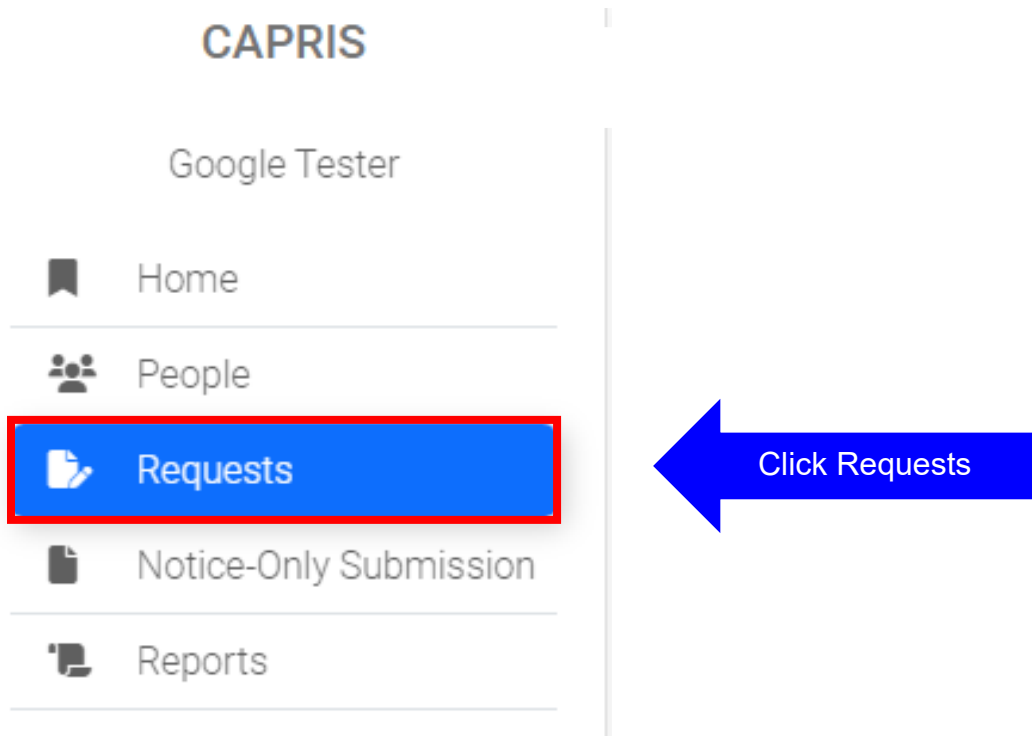


4.1 Requesting a Public Patient Representative

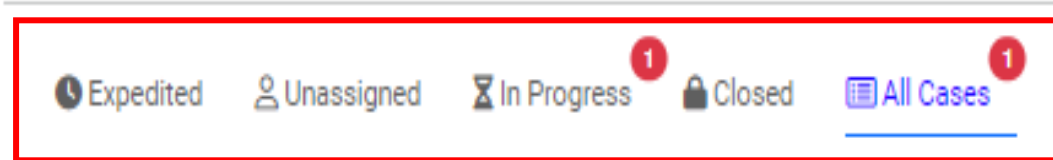
Facilities can request public patient representatives from the OLTCPR for residents to participate in interdisciplinary team (IDT) reviews held pursuant to [Section 1418.8 of the Health and Safety Code](#), if the resident has no family member, relative, friend, or other person authorized by state or federal law who can be located or is available, willing, or able to represent the interests of the resident during an IDT review of a prescribed medical intervention.

Process Steps for Requesting a Public Patient Representative

1. Upon successful log in to the California Patient Representative Information System (CAPRIS), click, **“Requests”** from the menu on the left-side of the homepage. This action will take you to the PPR request page.



Note: The PPR request page provides a snapshot of PPR requests for cases in various stages of assignment. Users can see the number of cases that have been expedited, are unassigned, in progress, and cases that have been closed. The example below shows that there is one case that is currently in progress.



At the top of the PPR request page, you will see a drop-down-list of facilities that **you** have been authorized to request PPRs for residents.

Facility

-- All Facility --
-- All Facility --
A GRACE SUB ACUTE & SKILLED CARE
ACC CARE CENTER
ADVENTIST HEALTH DELANO D/P SNF

Users can selet to view PPR requests for specific facilities **OR** they can select “All Facility” to view requests for all facilities. If you need access to additional facilities that are not listed in the drop-down menu, please complete and submit another CAPRIS User Action Request form and submit it to the OLTCPR.

The PPR request page will also provide a snapshot of the case id, which is assigned automatically, case type, resident’s name, PPR assigned to the case, resident’s room #, facility name, county, city, intake date, date of the IDT review, and the date when the case was closed.
As shown in the example below, the closed date is blank, signifying that this particular case is currently in progress.

Show
10
entries

Search:

Case ID	Case Type	Resident	PPR	Resident Room#	Facility	County	City	Intake	IDT Scheduled	Closed Date
	1	Original IDT	John Doe	Hermione Granger	C111	A GRACE SUB ACUTE & SKILLED CARE	SANTA CLARA	SAN JOSE	01/19/2023 9:39 am	01/26/2023 11:45 am

Showing 1 to 1 of 1 entries

Previous
1
Next

2. From the PPR Request page, click the “**Request for PPR**” button to request PPR assignment from the OLTCPR. This action will take you to the Intake page.

Intake Page:

The intake page is the initiation step to requesting a PPR for the resident and contains the following sections:

1. **Facility**
2. ***Resident Information**
 - (Resident name, contact information, preferred language)
 - Room Number
3. ***Medical Condition**
 - Physician Information
 - Reason why resident lacks the capacity to make medical decisions
 - Proposed medical intervention or treatment.
 - Intervention Category(s)
4. **General Information**
 - Type of IDT Review (General or Emergency-Related IDT)
5. ***Scheduled IDT Review Date**
6. ***Term and Conditions**

All sections must be filled out completely and accurately in order to process PPR assignment requests timely.

****Indicates required fields.***

3. From the **Facility** drop-down list, select the current facility for the resident who will require a PPR.

Facility

A GRACE SUB ACUTE & SKILLED CARE
ACC CARE CENTER
ADVENTIST HEALTH DELANO D/P SNF

Resident *

Resident Room Number * ⓘ

0/500

Medical Condition

Physician *

Type of IDT Review

General IDT:

☐ Original IDT for prescribed intervention

☐ Follow-up IDT for previously administered intervention

☐ Follow-up IDT due to change in condition

Emergency-related IDT:

☐ Expedited IDT review due to emergency intervention.
(Physician determined that resident will suffer harm or severe and sustained emotional distress if prescribed intervention is delayed at least five days)

☐ IDT following emergency medical intervention

The **Resident Section** includes resident information including: the resident's name, birthdate, phone number, address, and primary language.

- Using the drop-down, select, **Add New Person**.

Resident

Resident *

Add New Person

0/500

Use drop-down to select "Add New Person"

This action will populate another window in which the resident's information can be added.

Note: **First Name and Last Name of the resident is required**. However, please add as much information to this section as possible. You can delete information from the phone and address section by clicking, "Clear".

- Click **Save** once all information has been entered.

Salutation

First Name *

Last Name *

Middle Name

Nick Name

Birthdate

Primary Language (other than English)

mm/dd/yyyy

Phone ?

Phone Type

Phone Number

Extension

Mobile

CLEAR

Address ?

Address type

Address

Address2

City

County

State

ZipCode

CLEAR

CLOSE

SAVE

Salutation: [] First Name *: John Last Name *: Doe

Middle Name: [] Nick Name: []

Birthdate: 01/01/1940 Primary Language (other than English): Spanish

Phone ?

Phone Type *: Phone

Phone Number *: (999) 999-9999

Extension: []

Mobile: ☒

Address ?

Address type *: Mailing

Address *: 123 Imagination Lane

Address2: []

City *: Sacramento County: Sacramento

State *: California ZipCode *: 95823-

CLEAR

CLOSE **SAVING**

When the resident's info has been successfully saved, you will see their name populated in the Resident field.

6. Enter the resident's current room number.

Resident

Resident *: Doe, John

Resident Room Number * ?

C111

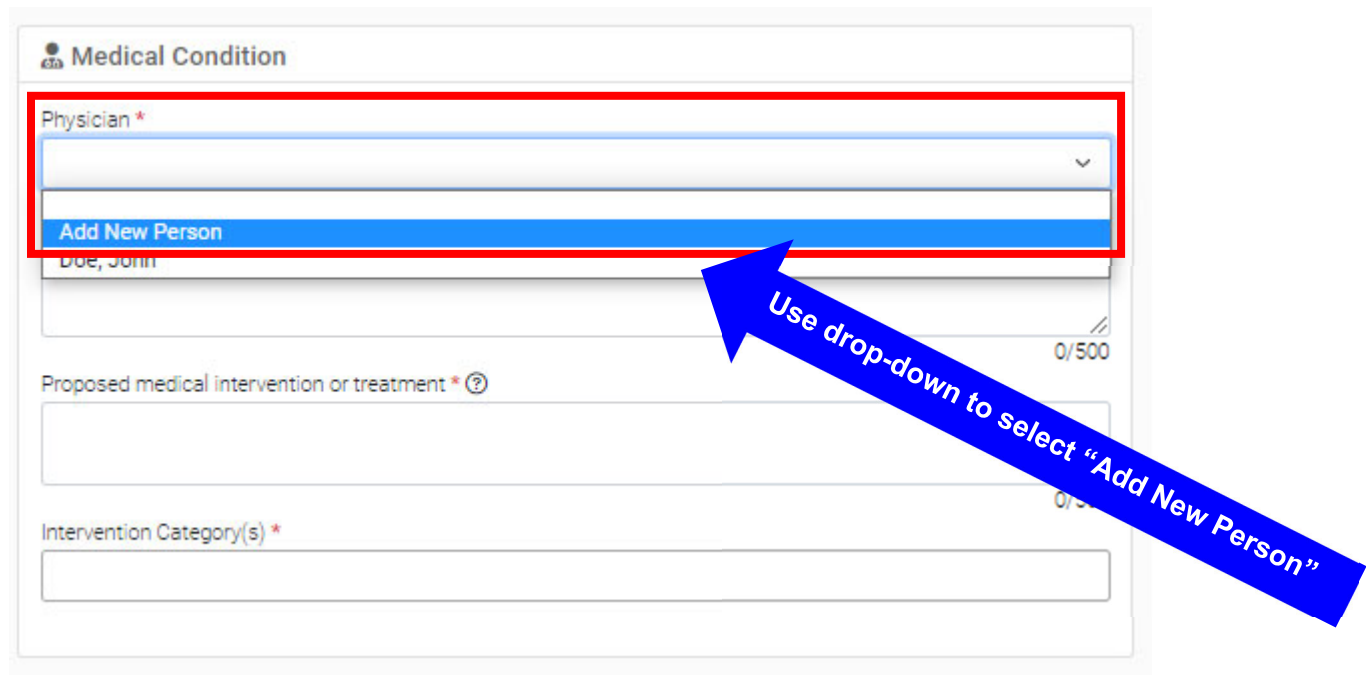
4/500

Enter resident's room

The **Medical Condition** section contains the following information:

- Physician Information
- Reason why resident lacks the capacity to make medical decisions
- Proposed medical intervention or treatment
- Intervention Category(s)

7. Use the drop-down menu to begin entering information about the resident's physician.



The screenshot shows a form titled "Medical Condition". The "Physician *" field is highlighted with a red rectangle. A blue arrow points to the "Add New Person" option in the dropdown menu. Below the dropdown, the text "Doe, John" is visible. The "Proposed medical intervention or treatment *" field has a character count of "0/500". The "Intervention Category(s) *" field is empty.

This action will populate another window, so that the physician's information can be added.

Note: **First Name and Last Name of the physician is a required field.** However, please add as much information into this section as possible. You can delete information from the phone and address section by clicking, "Clear".

8. Click **Save** once all information has been entered. The fields will be highlighted in green when the record is saved.

Salutation

Dr.

First Name *

Jane

Last Name *

Doe

Middle Name

Nick Name

Birthdate

mm/dd/yyyy

Primary Language (other than English)

Phone ?

Phone Type *

Phone

Phone Number *

(999) 999-9991

Extension

Mobile

☒

CLEAR

Address ?

Address type

Address

Address2

City

County

State

ZipCode

CLEAR

CLOSE

SAVING

When the physician's info has been successfully saved, you will see their name populated in the Physician field.

9. In the next field, enter the **reason why the resident lacks the capacity to make medical decisions**.

10. In the following field, enter the **proposed medical intervention or treatment**.

Note: each field has a 500-character limit.

Medical Condition

Physician *
Doe, Jane

Reason why resident lacks the capacity to make medical decisions * (?)
0/500

Proposed medical intervention or treatment * (?)
0/500

Intervention Category(s) *

11. Using the drop-down menu, select from the list of **interventions category(s)**. Multiple interventions can be selected. If an intervention is not listed, please select “**Other**”. This action will allow you to input an intervention that is not on the list.


Intervention Category(s) * 0/500

× Other |

- Chemical restraints
- Creation or revision of POLST
- Hospice election
- New DNR orders
- Physical restraints
- Psychotherapeutic Medications

The **General Information** section provides information on the type of IDT review required. There are (2) two categories of IDT reivew, 1. General IDTs and 2. Emergency-Related IDTs.

12. Using the radio buttons, **select the type of IDT review** applicable your case.

 General Information

Type of IDT Review

General IDT:

☒

Original IDT for prescribed intervention

☐

Follow-up IDT for previously administered intervention

☐

Follow-up IDT due to change in condition


Emergency-Related IDT:

☐

Expedited IDT review due to emergency intervention. (Physician determined that resident will suffer harm or severe and sustained emotional distress if prescribed intervention is delayed at least five days)☐

The **Scheduled IDT Review Date** section is a required section.

13. Please indicate the **date and time** of the IDT review using the calendar and time field.

 Scheduled IDT Review Date


Scheduled Date *

January 2023

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Scheduled Time

11:45 AM



You can type in the time or use the drop-down function.

The final section, **Terms and Conditions** is required in order to submit your request for a PPR. Please read through each carefully.

14. If you agree to the terms and conditions, **click all check boxes.**

15. Then click the **“Save”** button.

Terms and Conditions

☒

The resident's attending physician has informed the facility that this resident may need a medical intervention that requires informed consent and that the resident lacks the capacity to provide informed consent. *

☒

The facility has been unable to identify a legal surrogate for this resident. *

☒

The facility has been unable to identify a family member or friend to serve as a patient representative on the IDT. *

← GO BACK

SAVE


Click Save to submit your request.

After saving the data you have entered, you will see a summary page containing your information. This page will provide you an opportunity to review the information again and to make changes if necessary. To edit information, click the wheel icon next to the sections you would like to edit.


Requestor
Google Tester

Resident
John Doe


Representative




Physician 
Jane Doe


Closed Date

Task(s) 
6

Facility

 A GRACE SUB ACUTE & SKILLED CARE
1250 S WINCHESTER BLVD
SAN JOSE, CA 95128-3906
SANTA CLARA County

 julita@sbccolocal.net
 (408) 241-3844
 (408) 249-0309


Medical Condition 

Intervention Category

- Hospice election

Capacity Determination Reason
Dementia

Proposed Medical Intervention or Treatment
Hospice election

General Information 


General IDT:
Original IDT for prescribed intervention

Intake Date
01/19/2023 09:39 am

IDT Scheduled Date
01/26/2023


Scheduled Time
11:45 am



Resident Room Number
C111

Case Attachment 

Actions	File Name	Attachment Type
No data available in table		

PreviousNext

Required Notice 

Actions	Form Type	Resident Received Date	Translated Date	Translated By
	Notice of Outcome of IDT Review of Proposed Medical Intervention or Treatment			
	Notice of IDT Review of Proposed Medical Intervention or Treatment			

Previous1Next

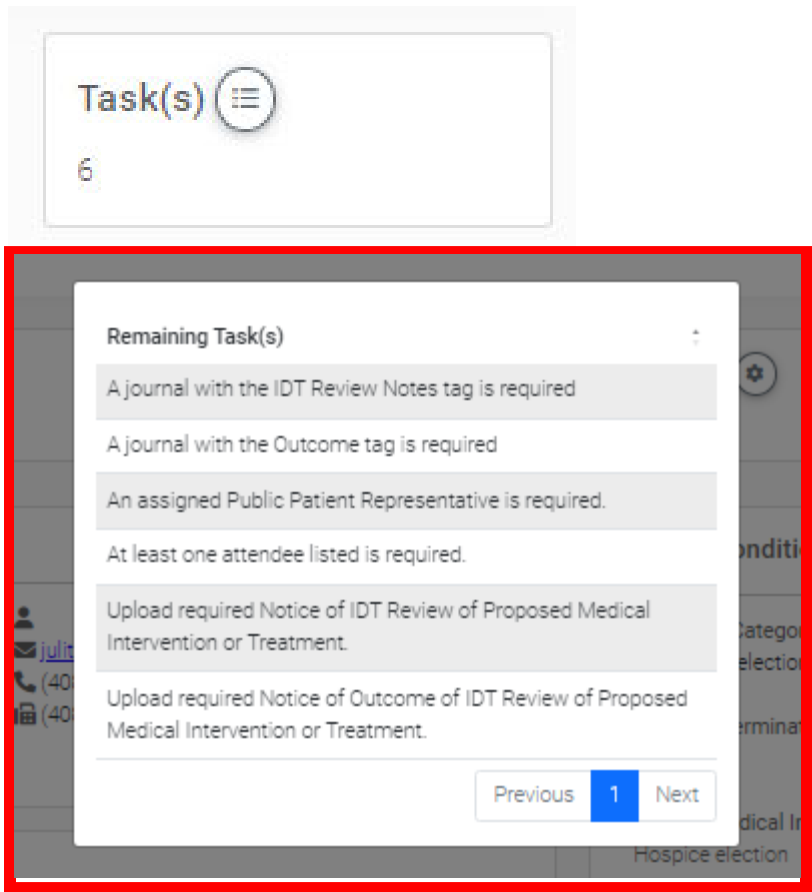
BACK TO CASES

REQUEST OVERVIEW

V1.0


13



In the right upper hand-side of the page, there is a section called, “**Tasks**”. This section will provide you with a list of all remaining tasks needed for your case. **Note:** while your request for PPR assignment is processing, you can begin addressing some of these items listed in the task menu.



You can also view **Notices** required for your case and begin uploading. In this case two Notices are required. You can also begin uploading case attachments. To learn more about uploading required Notices and case attachments, **please review training modules.**

Required Notice

TEMPLATE 

Actions	Form Type	Resident Received Date	Translated Date	Translated By
	Notice of Outcome of IDT Review of Proposed Medical Intervention or Treatment			
	Notice of IDT Review of Proposed Medical Intervention or Treatment			

Previous

1

Next

By clicking **Request Overview**, you can view and print a summary report of all information entered for your case record.



PATIENT REPRESENTATIVE REQUEST OVERVIEW REPORT

Select Case 1

PUBLIC PATIENT REPRESENTATIVE ASSIGNED

Patient Representative:

IDT GENERAL INFORMATION

- Intake Date: 1/19/2023 9:39:11 AM
- Case Type: Original IDT for prescribed intervention
- IDT Scheduled Date and Time: 1/26/2023 11:45 am
- Proposed Medical Intervention or Treatment: Hospice election

FACILITY INFORMATION

- Requestor Name: Google Tester
- Facility:
 - A GRACE SUB ACUTE & SKILLED CARE
 - 1250 S WINCHESTER BLVD
 - SAN JOSE, CA, 95128-3906
 - SANTA CLARA County
- Administrator:
 - JULITAJ@SBCGLOBAL.NET
 - (408) 241-3844 (phone)
 - (408) 249-0309 (fax)

RESIDENT

- Resident Name: John Doe
- Room/Bed Number: C111

- Date of Birth: 01/01/1940
- Primary/Preferred Language:

MEDICAL INFORMATION SECTION

- Physician Name: Jane Doe
- Intervention Category:
 - Hospice election
- Capacity Determination Reason: Dementia
- Proposed Medical Intervention or Treatment: Hospice election

REQUIRED NOTICE

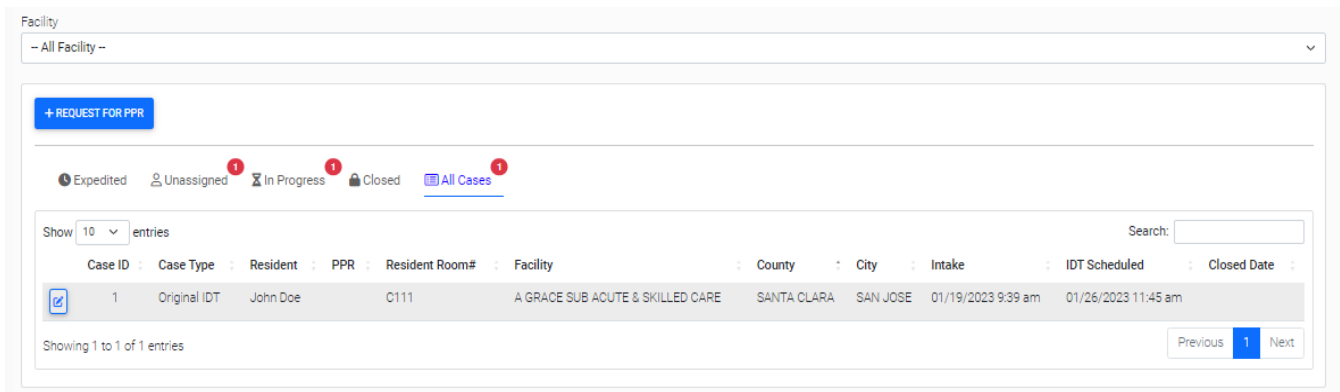
Uploaded	Notice Title	Date Resident Received Notice	Notice Translated Date	Translated By
False	Notice of Outcome of IDT Review of Proposed Medical Intervention or Treatment			
True	Notice of IDT Review of Proposed Medical Intervention or Treatment	1/19/2023		

CASE ATTACHMENTS

File Name	Attachment Type
Resident Record.docx	Resident Record

← GO BACK PRINT REVIEW

When you return to the request menu, you will see your PPR request in queue. The next step is to wait for contact from a PPR assigned to your case.



The screenshot shows a web interface for managing PPR requests. At the top, there is a 'Facility' dropdown menu set to '- All Facility -'. Below this is a '+ REQUEST FOR PPR' button. A navigation bar contains several tabs: 'Expedited', 'Unassigned' (with a red notification badge), 'In Progress' (with a red notification badge), 'Closed', and 'All Cases' (with a red notification badge). Below the tabs, there is a table with columns: Case ID, Case Type, Resident, PPR, Resident Room#, Facility, County, City, Intake, IDT Scheduled, and Closed Date. A single row is visible with Case ID 1, Case Type Original IDT, Resident John Doe, Resident Room# C111, Facility A GRACE SUB ACUTE & SKILLED CARE, County SANTA CLARA, City SAN JOSE, Intake 01/19/2023 9:39 am, IDT Scheduled 01/26/2023 11:45 am, and Closed Date. The table is paginated, showing 1 to 1 of 1 entries. There are 'Previous', '1', and 'Next' buttons at the bottom right of the table.

You can return to the record to upload Notices, attach case records, and edit information by clicking on the edit icon.



Troubleshooting requests for PPRs

For assistance troubleshooting requests for PPRs, please contact the Office of the Long-Term Care Patient Representative at (916) 800-5084 or via email at: OPR@aging.ca.gov

Office of the Long-Term Care Patient Representative
2880 Gateway Oaks Drive, Suite 200 | Sacramento, CA 95833
Telephone: (916) 800-5084 | Email: OPR@aging.ca.gov