

# 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/929WJZQUkW0

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: <a href="https://www.aging.ca.gov/Providers">https://www.aging.ca.gov/Providers</a> 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 <u>Section 1418.8</u> 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
<ol> <li>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.</li> </ol>
CAPRIS
Google Tester
Home
People
Requests         Click Requests
Notice-Only Submission
* Reports
<b>Note:</b> 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.
Sexpedited Lunassigned In Progress Closed All Cases
At the top of the PPR request page, you will see a drop-down-list of facilities that <b>you</b> have been authorized to request PPRs for residents.

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## 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.

esident *	Type of IDT Review General IDT:
esident Room Number * ⑦	Original IDT for prescribed intervention Follow-up IDT for previously administered intervention
	0/500 Emerger lated IDT:
Medical Condition	(Physician de intervention due to christigend) intervention: (Physician de intervention and sustained emotional distress if prescribed intervention is delayed at least five days)
iysician *	IDT following emergency medical intervention
<b>Resident Section</b> includes re ber, address, and primary lang	sident information including: the resident's name, birthdate, pho guage.
. Using the drop-down, selec	t, Add New Person.

	~	
Add New Person	Use drop-down to select "A	dd New Person"
	0/500	

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".

5. Click Save once all information has been entered.

/iddle Name	Nick Name	
Birthdate	Primary Language (other than English)	
mm/dd/yyyy	~	
Phone ③	4 Address ⑦	
Phone Type	Address type	
Phone Number	Address	
Extension	Address2	
Mobile	City County	
	State ZipCode	
	CLOSE SAVE	3
າe fields will highlight in greer	and the "Save" button below w	/ill indicate "Saving".

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Viddle Name	Nick Name					
Birthdate	Primary Language (other	than English)				
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Phone (?)	Address (?)					
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Phone	Mailing		~			
Phone Number *	Address *					
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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 being entering information about the resident's physician.

& Medical Condition	
Physician *	
	~
Add New Person	
Doe, John	
	Se drop-od 0/500
Proposed medical intervention or treatment * ⑦	down to
	select "Add
	Or New P
	erson"

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".

Dr. Jane     Midde Name     Midde Name     Birthdate   Primary Language (other than English)   mm/dd/yyyy     Phone ⑦   Phone Type * Phone ♥ Phone Number * (999) 999-9991 Extension Mobile CLEAR CLOSE SAV	Salutation	First Name *			Last Nam	e *		
Middle Name  Brithdate  Primary Language (other than English)  Prime ()  Phone ()  Phone ()  Phone Number* () () () () () () () () () () () () ()	Dr.	Jane			Doe	-		
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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.

Physician *	
Doe, Jane	~
Reason why resident lacks the capacity to make medical decision	ons * 🕐
	0.7
Proposed medical intervention or treatment * ③	0/50
ntervention Category(s) *	
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.

Other	
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reation or revision of POLST	
lospice election	
lew DNR orders	
hysical restraints	Ulic
suchotheraneutic Medications	·

The <b>General Information</b> section provides information on the type of IDT review required. T are (2) two categories of IDT reivew, 1. General IDTs and 2. Emergency-Related IDTs.	here									
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										
Enllow-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)										
O IDT following emergency medical intervention										
The <b>Scheduled IDT Review Date</b> section is a required section.										
13. Please indicate the date and time of the IDT review using the calendar and time field	l.									
Scheduled IDT Review Date										
	-									
Scheduled Date * Scheduled Time										
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1 2 3 4 5 6 7 the drop-down function.										
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22 23 24 25 28 27 28										
29 30 31										

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 info	ormed 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 k	egal surrogate for this resident. *
The facility has been unable to identify a f	amily member or friend to serve as a patient representative on the IDT. *
· ·	
GO RA L R SAVE	
	Click Save to submit your request.

equestor	Resident	Representative	Physician 🔹	Closed Date	Task(s) (≡	
oogle Tester	John Doe		Jane Doe		6	
acility			Medical Condition (\$			
A GRACE SUB ACUTE & 1250 S WINCHESTER BI AN JOSE, CA 95128-390( ANTA CLARA County	SKILLED CARE	( <u>@sbcglobal.net</u> 1241-3844 1249-0309	Intervention Category    Hospice election  Capacity Determination Reason Dementia			
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Notice of ID     Intervention	TReview of Proposed Medical or Treatment					

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**.

		Resident	Translated	Translate	d
ctions	Form Type	Received Date	Date	By	
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	Proposed Medical Intervention or Treatment				
2	Notice of IDT Review of Proposed Medical				
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#### **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: <u>OPR@aging.ca.gov</u>

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