

Acupuncture in a Skilled Nursing Facility

Policy Statement

Admission to this facility depends upon our ability to provide appropriate medical and nursing care. This includes situations where a resident has received an acupuncture treatment management of services therein and potential adverse outcomes.

Policy Interpretation and Implementation

1. Prior an Acupuncture visit, a patient will be assessed by MD, PA, or NP to:
 - a. Confirm diagnosis of Chronic Low Back Pain
 - b. Order an initial 12 treatments of Acupuncture for Chronic low back pain
 - c. Follow the efficacy of the treatments and monitor for any unwanted outcomes
 - d. Document efficacy of treatments and order an additional treatments if warranted or available.
 - e. Titrate or reduce prescription medicines as warranted by efficacy of said treatments.
2. All Acupuncture providers will be currently licensed by the California Acupuncture Board, hold Malpractice liability insurance totaling 1 million/3 million coverage limits, be Covid Vaccinated, and be employed by Nicholas Collins PAC LAC INC.
3. The Acupuncturist may initially interview potential patients, establish interest in Acupuncture as a non pharmacological alternative for Chronic low back pain, get informed consent, and assess whether patients meet CMS criteria for Chronic low back pain with referral of findings to MD, PA, or NP.
4. The Acupuncturist will maintain a log of residents who are currently being treated, provide SOAP notes to medical records for every treatment, and periodically assess efficacy by questionnaire reporting such findings to MD PA or NP.
5. Acupuncturist in practice:, will visit the skilled nursing facility for a period of time during the work week either during a scheduled “community session” or during working hours depending on patient availability, considered an “Individual Session”.
 - a. Community Session: will require set hours in a community room as determined by facility administration and availability. An acupuncturist may arrive before the scheduled time to remind, assist or invite potential recipients to the community area for the community acupuncture session. During the session up to five patients may receive acupuncture simultaneously per hour. Acupuncture points chosen during the community session will be limited to the periphery, arms, legs, hands, feet, and scalp, ear and neck. Electrical stimulation of these points may be added; given consent and time constraints using only approved electrical stimulation devices. Discussion of individual patient symptoms and comorbidities will be at a minimum. Sessions will last approximately 25-30 minutes or any time less than that, when a patient requests to have the session ended and needles removed.

- b Individual Session: Acupuncturists will visit identified patients in their rooms and assess their availability eg. Avoiding interference with therapy time, meals, family visits, administrative meetings, and activities. If the patient is available and open to treatment, the provider will administer acupuncture including insertion and manipulation of needles, removal of needles and management of all post-insertion sites. Acupuncture sites may include points in the periphery (arms, legs, hands, feet, and scalp, ear and neck) and points on the trunk, including back, and abdomen. . Electrical stimulation of these points may be added given consent and time constraints using only approved electrical stimulation devices.
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- 6. Acupuncturists will exclusively follow Clean Needle Technique guidelines and prescribed by the California Acupuncture Board including use of only single use sterile needles approved by the CAB, disposal of needles in biohazard containers, sterile prep of all insertion sites and management of insertion sites with cotton balls and pressure. Any adverse outcomes including hematoma, bleeding or bruising will be managed by the Acupuncturist and reported to the Nursing staff should they occur.
 - 7. Acupuncture practice times will vary but are generally 25 to 30 minutes in length with no more than 2 treatments per provider per hour for individual sessions and 6 treatments per provider per hour during community sessions.
 - 8. Electrical stimulation of acupuncture points will only be delivered per CMS guidelines with approved medical devices. Electrical stimulation will not be used with any patient with an implanted electrical stimulator including but not limited to pace maker and intra cerebral stimulator.
 - 9. Acupuncture providers will write SOAP notes documenting the treatment plan and points and deliver these notes electronically to the medical records staff at the local Skilled Nursing Facility.
 - 10. Acupuncture providers may additionally catalog efficacy by means of MYMOPS (measure yourself medical outcome profile) questionnaire and also deliver these findings to both the MD, PA, or NP and the medical records staff to document progress, efficacy and outcomes.
 - 11. Acupuncture sessions will terminate if and when a patient desires, the treatments are deemed ineffective, the treatment plan has achieved sufficient results, an MD,PA or NP deems further sessions unnecessary, and/or all eligible sessions have been completed within CMS coverage protocols.
 - 12. Any adverse outcomes will be initially managed by the Acupuncture service provider, will be documented in the SOAP note, and reported to Nursing staff, MD, PA, or NP.