DOCUMENTATION – CASEBOOK CHARTING – R-II-1

POLICY:

A permanent and ongoing chronological record of a person's status, activities, and support requirements will be maintained. This record is a legal document that provides an accurate reflection of a person's health and social status. Documentation should include a reference to any and all supports provided, as well as follow up entries indicating the effectiveness of the provided supports. These entries will be recorded in Alliance Information Management System (AIMS) database.

PURPOSE:

To provide an ongoing written record of the person's status in a timely and accurate manner that meets the requirements of OPTIONS NORTHWEST and the Ministry of Community, Children and Social Services.

PRINCIPLES and PRACTICE:

Charting must:

- Be complete, concise, timely, purposeful, and goal oriented.
- Be typed in AIMS in clear and concise language.
- Be an objective descriptive account of what is observed by the employee charting or communicated by the person supported to the employee charting. e.g. "person was extremely restless; swinging his arms around, singing out loudly, constantly for a period of 20 minutes." ***NOT*** "the person was manicky."
- Be monitored by the supervisor and include regular entries that evidence supervisory direction, leadership, and feedback to employees.
- Be comprehensive including follow up entries that indicate closure to a previous entry that has been charted. Otherwise the charting will be deemed incomplete. For example, "given Tylenol tabs. II for complaint of headache" is considered incomplete until an entry is made to indicate resolution of the headache. If the Tylenol is ineffective and headache persists then there should be continued charting to reflect this, or if the Tylenol was effective- then this is documented and the charting is complete.

Charting must (continued):

- Be completed ***only*** by the employee who has first hand knowledge or is directly involved with the circumstances that are being documented. NEVER have someone else chart for you!

- Under no circumstances, be altered/corrected by anyone other than the original charter. If there is an error in the information, this should be identified with the original charter who can then make any required changes in AIMS. This shows as a redacted message with a line through the correction.

- Do not use any names other than that of the person for whom you are recording about, with the exception of medical professionals.

What to Chart:

1. Regular entries regarding the person's general level and pattern of functioning including strengths and weaknesses at least once during each shift.

2. Any variations or changes to a person's normal pattern of functioning must be documented in a timely fashion. It is important to include in the documentation any obvious precipitating factors that may have contributed to the variations.

3. Any incidents or unusual occurrences that require the completion of an incident report (AD-I-6). The casebook documentation or AIMS documentation should include a detailed description of the incident as well as an entry that the incident report was forwarded to management.

4. Administration of a P.R.N. including: what medication was given; the dosage; route; and most importantly, the effectiveness of the P.R.N. All alternative measures tried prior to the administration of the P.R.N. should also be included in the documentation, as well as how the person responded to the medication.

5. If a PRN was a drug used to help manage behaviour or a drug used to manage pain you must record on the PRN Tracking Sheet every 15 minutes for 2 hours following administration (see Appendix B).

6. Document changes in medication and treatment orders.

7. Document illness and its progression – until resolution.

8. Recommendations made at team meetings.

What to Chart (continued):

9. Family visits including any concerns raised.
10. Monthly summaries
11. Supervisor's entries and recommendations at least once a month.
12. Visits in the Community – excluding those that are regularly scheduled e.g. Goes to Avenue II, 3 days/week – unless there is an unusual situation during the regular activity.
13. Any other significant events affecting a person's life.

PROCEDURE:

How to Chart.

1. Charting will be completed in blue or black ink only or typed in AIMS.
2. Individual notes must have the casebook number, surname, and initials at the top of each sheet. In AIMS the note is written in the Service Activity section and attached to the correct person's file.
3. Ensure that your charting is in chronological order with the most current note at the end. AIMS orders the notes by chronological date or date of entry.
4. All errors must be visible, therefore, there are not to be any erasures, use of white out, Avery labels or blacking out of charting or MAR sheet errors. AIMS has a redaction feature that automatically draws a line through the corrected note making it still visible.
5. Errors are to be corrected with one straight line placed through the information in error and this is then initialed. If a whole paragraph is in error, use a diagonal line through the paragraph and initial it. ~~**Sample**~~
AIMS is programmed to draw the line through the error.
6. Notes are to be signed in full by the staff that rendered the service or observed the incident. Employees will use their first initial and surname only. Students will use their first initial, surname and must sign with their course designation (DSW Student, PSW Student, Rec. Student). Volunteers will use their first initial, surname, and add **VOL** after their signature. AIMS will

automatically record who entered the note or added the attachment based on AIMS login information.

7. The first entry for each day and on each new page the date and time of the note must be indicated. Subsequent entries within the same day which are on the same page only require the time of the note to be entered. It is not necessary to include the year as it is pre-printed at the top of the date column. When doing a service activity note in AIMS you will need to select the date on a calendar.

How to Chart (continued).

8. If a note continues to another page, it must have the word "Cont'd" entered, signed off, and on the next page enter the date, time of the entry, include the word "Cont'd" and then finish the entry. This is not needed when documenting in AIMS.

9. There are to be no blank spaces left between entries. This is also a practice that should be withheld when using AIMS.

Specific Charting Procedures:

Individual Transfer:

When people(s) are transferred from one residential location to another residential location, there is to be a transfer entry made on the casebook by each location as follows:

The original location shall make the following last entry on the casebook:

Date 2006	Time	Comments	Signature
25 Nov	1500	Person was transferred from Glengary Drive to Tuscany	
		Avenue via the van accompanied by Glengary employee	L. Tim

The new home is to make the following entry:

Date 2006	Time	Comments	Signature
25 Nov	1520	Person arrived from Glengary Drive accompanied by	
		Glengary employee	T. Lee

In AIMS service transfers, open & closures are noted under the services sections and can only be done by intermediate, power or administrator users.

Incident Reporting Charting:

1. Notes should be written immediately after an incident is observed by the employee who observed the incident.

2. All incidents must be charted on the notes of those people involved and will be transcribed exactly as written in the sections on the Incident Report titled as "DESCRIPTION OF INCIDENT" and "ACTION TAKEN AND RESULTS". The notes **must** be written word for word with the exception that **generic names** must be used for those for whom the casebook does not apply. Incident Reports will continue to be completed on paper **NOT** in AIMS.

3. All charting regarding incidents must be completed prior to the end of the shift.

4. The box on the Incident Report will be checked off to confirm that the charting has been completed on the person's notes.

Late Note Entries:

All information charted shall be in time sequence as it occurred. All information not charted in time sequence will be recorded as a Late Note Entry as follows:

If the late note is within the same date chart as follows:

21 Jun	1000	Person went to placement
	1100	Call received from placement, person is being sent home
	1300	Person sleeping. PRN Tylenol appears to be effective
	1330	Late Note for 1130 hours. Person arrived home and complained about a bad headache. Tylenol 350 mg tabs x 2 given to provide relief from headache.

If the late note is from another day then chart as follows:

22 Jun	0800	Late Note for 21 June 2006 at 1130 hours. Person arrived home and complained about a bad headache. Tylenol 250 mg tabs x 2 given to provide relief from headache.

Specific Charting Procedures:

Leaves of Absence:

1. Leave of Absences **must** be charted on the person's notes with pertinent information (i.e.: "person went home for a visit. Medications and treatments were given to the NOK for this visit"). Leaves must be recorded in AIMS under the service activity section and attached to the correct person's file.

2. When the individual returns from the Leave of Absence, this **must** be charted and documented in AIMS.

3. If the person returns with left-over medications or treatments this **must** be charted (i.e.: "person returned from LOA with four Tegretol left over.") and an Incident Report must be filled out on paper because there are leftover medications.

Multi Disciplinary Note Entries:

1. When another discipline comes to the residential location (OT, PT, Dietary, Massage Therapist, VON, etc), on duty employees are to approach the person and ask them to chart in the multi-disciplinary notes on the individual's casebook. If the employee works for OPTIONS NORTHWEST and has AIMS privileges they can chart. If not the employee with privileges will need to chart the information or get an external note added to the AIMS uploading section.

2. The on-duty employee will chart in the person's notes that there is an entry in the multi-disciplinary notes or that a new upload was added into AIMS.

PRN Medication or Treatments:

1. All PRN medication and treatments must be charted on the individual notes. The first note **must** have the following information:
    a) any alternative methods tried prior to administering PRN (if applicable)
    b) name of medication or treatment
    c) dosage
    d) route (by mouth, nasogastric tube, anally, etc)

2. Follow up note **must** be written indicating effectiveness.

3. If PRN wasn't effective what other steps were taken to resolve the problem or need. This will continue until such times as the need or problem has been resolved.
    a) A second note will be required the next time the treatment is applied. (i.e.: "Person's arms are covered in psoriatic rash that is red and raised and has many large white scales. Topilene 0.05% cream applied to psoriatic rash". The next entry would be at the time the cream is next applied (i.e.: "PRN Topilene 0.05% cream applied to psoriatic rashes which are red and raised and have many large white scales. No improvement noted at this time")
    b) All changes in medication and treatment orders will be charted.

4. Any discussions with Pharmacist in regards to individual's medications should be charted. When charting about medical information in AIMS, use the medical tab and select from the available tab options. Fill in the required fields and save.

5. Always check the MAR sheet for administering medications **NEVER** the medications listed in AIMS.

Health Related Appointments:

1. All health related appointments i.e. doctor and dental appointments, medical tests, visits to the emergency room will be entered on the Health Appointment Record in the person's casebook (see Appendix A). Upon return from the appointment document the date, who the appointment was with, the reason for the appointment, a summary of findings and recommendations and any follow up that is required. In the individual casebook, make an entry to indicate the type of appointment that was attended and direct employees to the Health Appointment record for further information. In AIMS, document health related appointments under medical and then clinical tab, complete the required fields and save.

RECOMMENDED BY: Director, Community Services **APPENDICES:** 2

OPERATIONAL ACCOUNTABILITY: Administration, Finance, Community Services Administration, Community Services (all)

ORIGINAL POLICY DATE: January 2001

AUTHORIZED BY: Executive Director **SIGNATURE:** 

OPTIONS NORTHWEST
live life your way

NAME: _____

PERSONAL BINDER NUMBER: _____

DATE	TIME	COMMENTS	SIGNATURE

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NAME: _____

PERSONAL BINDER NUMBER: _____

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DATE	TIME	COMMENTS	SIGNATURE

Client Name John Doe **PRN Tracking – Record Observation every 15 minutes for 2 hours following administration**

POLICY R-II-2
APPENDIX B

DATE:	Time Administered:	Medication (Name/Dose):	Reason for Administration: (Pain, SIB, Aggression)	Less/non-intrusive strategies attempted prior to PRN administration: (redirection, ignoring, behavioural momentum, etc.)
July 10/18	11:30 am	Ativan 1 mg S.L.	increase anxiety, pacing, fixated on activity	offered to go for a walk + cup of tea

Effectiveness Tracking:

15 minutes post administration ☑	What is the person doing? continues to pace, appears anxious.	Have you noted, or has the person disclosed any negative side effects? none observed	PRN Effective? ☐ Yes ☑ No
30 minutes post administration ☑	What is the person doing? pacing reduced, watching T.V. in between pacing.	Have you noted, or has the person disclosed any negative side effects? none observed	PRN Effective? ☐ Yes ☑ No
45 minutes post administration ☑	What is the person doing? sitting watching T.V. with other individuals in the home	Have you noted, or has the person disclosed any negative side effects? none observed	PRN Effective? ☑ Yes ☐ No
1-hour post administration ☑	What is the person doing? Enjoying lunch	Have you noted, or has the person disclosed any negative side effects? none observed	PRN Effective? ☑ Yes ☐ No
1 hour 15 minutes post administration ☑	What is the person doing? Enjoying lunch	Have you noted, or has the person disclosed any negative side effects? none observed	PRN Effective? ☑ Yes ☐ No
1 hour 30 minutes post administration ☑	What is the person doing? Ate well, assisting with clean up after lunch	Have you noted, or has the person disclosed any negative side effects? none observed	PRN Effective? ☑ Yes ☐ No
1 hour 45 minutes post administration ☑	What is the person doing? relaxed and enjoying visit with friend.	Have you noted, or has the person disclosed any negative side effects? none observed	PRN Effective? ☑ Yes ☐ No
2-hour post administration ☐	What is the person doing? content and continues to enjoy visit with friend.	Have you noted, or has the person disclosed any negative side effects? none observed	PRN Effective? ☑ Yes ☐ No

Staff name (Print) L Public Staff Signature L Public

Incident Report completed/faxed ☑ Family / POA notified Yes ☑ No ☐

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