

# Direct Service Provider Training (DSP)

5 Credits

Employee Printed Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Time Start: \_\_\_\_\_ Time Finish: \_\_\_\_\_

APC Representative: \_\_\_\_\_

1. Name two Situations that often lead to violations of confidentiality:

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2. What are two requirements agencies must follow in gathering material for their records:

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3. What is the correct way to write date and shift time:

Day:	Sunday	Monday
Date:		
1 <sup>st</sup> Arrival Time W/Signature		
Initials		
1 <sup>st</sup> Departure Time W/Signature		
Initials		

4. Give an example of using good grammar and writing in completing sentences:

Day of Week	Date	Describe client's mood, behavior changes, concerns or illnesses. Document where you provided services, why a service was NOT provided, why as service differed from the plan. Describe the care you provided and summarize your day.

**IF YOU CAN'T UNDERSTAND YOUR OWN WRITING,  
WHAT MAKES YOU THINK APC CAN?**

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5. Give an example of writing facts and supporting it with details to service plan:

Day of Week	Date	Describe client's mood, behavior changes, concerns or illnesses. Document where you provided services, why a service was NOT provided, why as service differed from the plan. Describe the care you provided and summarize your day.

6. Always use a \_\_\_\_\_with \_\_\_\_\_ink.

7. Use \_\_\_\_\_statements.

8. Write down why the person did not meet his or her \_\_\_\_\_for the day.

9. Documentation is **NOT**:


10. How do you correct an error?

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11. Documentation **IS**:


12. Name 2 documentation tips:

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13. Why does APC use Incident Reports?

14. This is a scenario, you will need to fill out the Incident Report Below:

*Mr. Bob Barker fell at 1515 on 2.24.11. He was home with his wife. He was walking to the restroom and slipped over his slipper. Bob's wife helped him up and he was not harmed, just a little bruised on his left arm. The next day, staff arrived and did an Incident Report and contacted APC. Staff should know they have **2 hours** to report any Incident to their supervisor.*

**Incident Report**

<b>Client Name:</b> _____	
<b>Employee Printed Name:</b> _____	
<b>Employee Signature:</b> _____	
<input type="checkbox"/> Non-Critical	<input type="checkbox"/> Critical
Include, but are not limited to: <ul style="list-style-type: none"> <li>Admissions to a hospital for routine/planned visits</li> <li>Scraping of hands, knees, elbows, from tripping or falling</li> <li>Picking at toenails, fingernails, or skin</li> <li>Calling someone names</li> <li>Pricks or minor unintentional cuts</li> <li>Paper cuts</li> <li>Bleeding of tooth or gums due to dental concerns</li> <li>Insect bites</li> </ul>	Include, but are not limited to: <ul style="list-style-type: none"> <li>Abused</li> <li>Neglected</li> <li>Exploited</li> <li>Extorted</li> <li>Self-neglect</li> <li>Involvement with law enforcement agencies</li> <li>Serious illness requiring more than basic first aid</li> <li>Instances of unauthorized use of restraints</li> <li>Change in status requiring EMS response</li> <li>An ER visit, and/or hospitalization</li> <li>Missing or whereabouts unknown</li> <li>Death of recipient, regardless of cause</li> <li>Head injuries</li> <li>Spinal injuries</li> <li>Severe cuts</li> <li>Broken limbs</li> <li>Severe burns</li> <li>Internal injuries</li> <li>Physical and sexual abuse</li> <li><b>Unreasonable confinement or restraint</b></li> </ul>
<b>What happened?</b> _____	

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<b>Was the client harmed?</b>	
<b>Who was present?</b>	
<b>Who responded?</b>	
<b>Who was notified?</b>	
(date/time)	
<b>When did the incident occur?</b>	
(date/time)	
<b>How did the incident occur?</b>	
<b>Where did the incident occur?</b>	

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### Person Centered Documentation

#### ❖ **Situations that often lead to violations of confidentiality:**

- ❖ Discussing work with family and friends
- ❖ Informal discussions with colleagues (hallway, telephone conversation, lunch break, grocery store)
- ❖ Social gatherings
- ❖ Incoming phone calls
- ❖ Attentive repair man

### Person Centered Documentation

#### ❖ **Agencies must follow certain guidelines in gathering material for their records**

- ❖ Only keep information that is relevant
- ❖ Inform individuals from whom information is collected
- ❖ By what authority the agency is allowed to gather information
- ❖ Purposes for which information will be used

### Progress Note Documentation

#### ❖ **Progress notes Do's**

- ❖ Sign your name and title: **Example: DIRECT SERVICE WORKER'S PRINTED NAME/ SIGNATURE/TITLE/DATE: \_\_\_\_\_**
- ❖ Write down date and shift time: **Example:**

Day:	Sunday	Monday
Date:		
1 <sup>st</sup> Arrival Time W/Signature		
Initials		

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1 <sup>st</sup> Departure Time W/Signature Initials			
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❖ Use good grammar and write in complete sentences: Example:

Day of Week	Date	Describe client's mood, behavior changes, concerns or illnesses. Document where you provided services, why a service was NOT provided, why as service differed from the plan. Describe the care you provided and summarize your day.
Sunday	2.21.11	Mrs. Jane was in a good mood, no behavior changes, concerns or illness. All services were provided in Mrs. Jane home. All task were
		Complete. Grocery shopping was done at Kroger's. Laundry was done at client's request. No transferring was needed today

❖ Write neatly and legibly: **\*\*\*If you can't understand your own writing, what makes you think APC can\*\*\***

❖ Write down facts and support it with details related to service plan: Example:

Day of Week	Date	Describe client's mood, behavior changes, concerns or illnesses. Document where you provided services, why a service was NOT provided, why as service differed from the plan. Describe the care you provided and summarize your day.
Wednesday	2.23.11	I brought Ms. Jane to make grocery at Kroger's .( Why on this date, because Ms. Jane CPOC states that she makes grocery on Wednesday and make sure you be descriptive on where you went to make grocery Kroger's, Wal-Mart etc,. If you don't bring Ms. Jane you have to state why, in a complete sentence.)

**Progress Centered Documentation**

- ❖ Use a pen with dark ink
- ❖ Use positive statements
- ❖ Write down your actions in response to issues
- ❖ Write down why the person did not meet his or her goals for the day Example:

Day of Week	Date	Describe client's mood, behavior changes, concerns or illnesses. Document where you provided services, why a service was NOT provided, why as service differed from the plan. Describe the care you provided and summarize your day.
Wednesday	2.23.11	Ms. Jane was in a good mood, no behavior changes, concerns or illnesses. All services were provided in Ms. Jane home. Laundry was not done because daughter did laundry yesterday.

- ❖ Write down notes as soon as possible
- ❖ Draw a single line through errors and then initial  
Laundry kf void
- ❖ Note all consultants and visitors

**Documentation is Not**

- ❖ **An account of your frustration**
- ❖ **Fiction**
- ❖ **Hearsay**
- ❖ **Value Judgment**

**Sample**

**This is an example of what state would like documentation to look like:**

Day of Week	Date	Describe client's mood, behavior changes, concerns or illnesses. Document where you provided services, why a service was NOT provided, why as service differed from the plan. Describe the care you provided and summarize your day.
Wednesday	2.23.11	Ms. Jane was in a good mood, no behavior changes, concerns or illnesses. All services were provided in Ms. Jane home. When I arrived Ms. Jane was watching T V. She had already taken her medication. I reminded her to take a shower and wash her hair. I prepared lunch and then she took a nap.

**Documentation Is:**

- ❖ **A Factual account of an event**
- ❖ **Based on data**
- ❖ **In context of agency policy and procedure**
- ❖ **Foundation on which corrective action is built**

**Documentation Tips**

- ❖ **Progress notes are legal documents**
- ❖ **Always sign and date all timesheets**
- ❖ **Identify people involved (Yvette Gloston, Case Supervisor)**
- ❖ **State the facts-delete information that is not confirmed**
- ❖ **Do not write assumptions or hearsay**
- ❖ **Carry a notebook**
- ❖ **Note observations**
- ❖ **Note problems**
- ❖ **Note solutions**
- ❖ **Note the clients set backs and progress**

Critical Incident Reporting  
***Incidents report do's***

- ❖ Answer: Who, What, When, Why, Where, How
- ❖ Record facts and objective information
- ❖ Include all important details
- ❖ Indicate the type of incident
- ❖ Use complete sentences and correct grammar
- ❖ Sign your name
- ❖ Put time and date
- ❖ Indicate action taken and any necessary follow up
- ❖ Document notification of supervisor

Why use Incident Reports

- ❖ Ensure the Health and Safety of the individual
- ❖ To follow your agency's policies regarding completing incident reports
- ❖ Agencies should be familiar with the Wavier Services Critical Incident Report

Medical Report Purpose

- ❖ To document all important information
- ❖ Date of birth
- ❖ Social Security Number
- ❖ Phone Number
- ❖ Insurance Information
- ❖ Emergency Contact
- ❖ Diagnosis

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- ❖ Medical Professional's name and office information
- ❖ Current medications and dosages
- ❖ Allergies
- ❖ Reason (s) for visit

### Medical Report Do's

- ❖ Should be completed after each medical, psychiatric or medical appointment.
- ❖ Make sure professional signs proper forms.
- ❖ Understand all recommendations and follow-up documentation before leaving doctor's office.
- ❖ Follow agency procedures on this matter.

### Summary

- ❖ Progress notes are legal
- ❖ Always maintain confidentiality
- ❖ Always report incidents as soon as they occur

*And Remember.....  
"If you didn't  
Write it down, it didn't happen".*