



Care Documentation and Reporting Technologies

Workshop Proposal By Jorge Rojas-Alvarez

Partnership between

- University of Illinois - Community Data Clinic
- Parkland College - SWFT + Healthcare Program

Care Documentation and Reporting Technologies

Workshop motivations

CNAs collect and report critical data to track residents' health condition. This data informs residents, their families, and their care team. Most of this data collection happens through digital apps. Undocumented activities may not be considered as legally happened.

Learning goals (students will be able to...)

- Understand differences between objective and subjective information in care documentation.
- Gain communications skills to report Activities of Daily Living
- Become familiar with cell phone policies at long term care facilities.

Workshop agenda

- Objective and subjective information
- Medical terminology and abbreviations
- ADLs documentation
- eRSP: A system example
- Cell phone use / policies and residents' privacy protection

Suggested time

- 1 hour

Objective VS Subjective Information

Objective

Measured through physical examination, observation, or diagnostic testing

Collected using senses (signs)

Ambulation, bleeding, blood pressure, body temperature, heart rate, height and weight, overall appearance, respiratory rate, wound appearance

Subjective

Data elicited from residents or family

Collected by client interview (symptoms)

Chills, congestion or runny nose, exhaustion and fatigue, feeling sleepy or dizzy, loss of appetite, loss of taste or smell, muscle or body aches

Both are valuable and need to be clearly noted!

Medical terminology and abbreviations

Abr.	Meaning
AC	Before Meals
ADLs	Activities of Daily Living
AMB	Ambulate
BID	Twice Per Day
BM	Bowel Movement
BP	Blood Pressure
Cl Liq	Clear Liquids
C/O	Complains Of
DC	Discontinue
FBS	Fasting Blood Sugar
FF	Force Fluids
I&O	Intake and Output
NPO	Nothing By Mouth

Abr.	Meaning
N&V	Nausea and Vomiting
OOB	Out of Bed
PC	After Meals
PO	By Mouth
PRN	As Necessary
QD	Every Day
QH	Every Hour
QID	Four Times Per Day
ROM	Range of Motion
SOB	Shortness of Breath
TID	Three Times Per Day
TX	Treatment
VS	Vital Signs
W/C	Wheelchair

- Save time with both verbal and written communication
- Reduce mistakes to communicate lengthy, complex medical terms
- Used in charting narrated notes for patient documentation
- Practice on [Quizlet](#) !

Narrated notes: Case scenarios



- What was the time each case was charted? Do you understand this time format?
- What are subjective and objective data in these cases?
- Which abbreviations are used? Could you use another abbreviations?

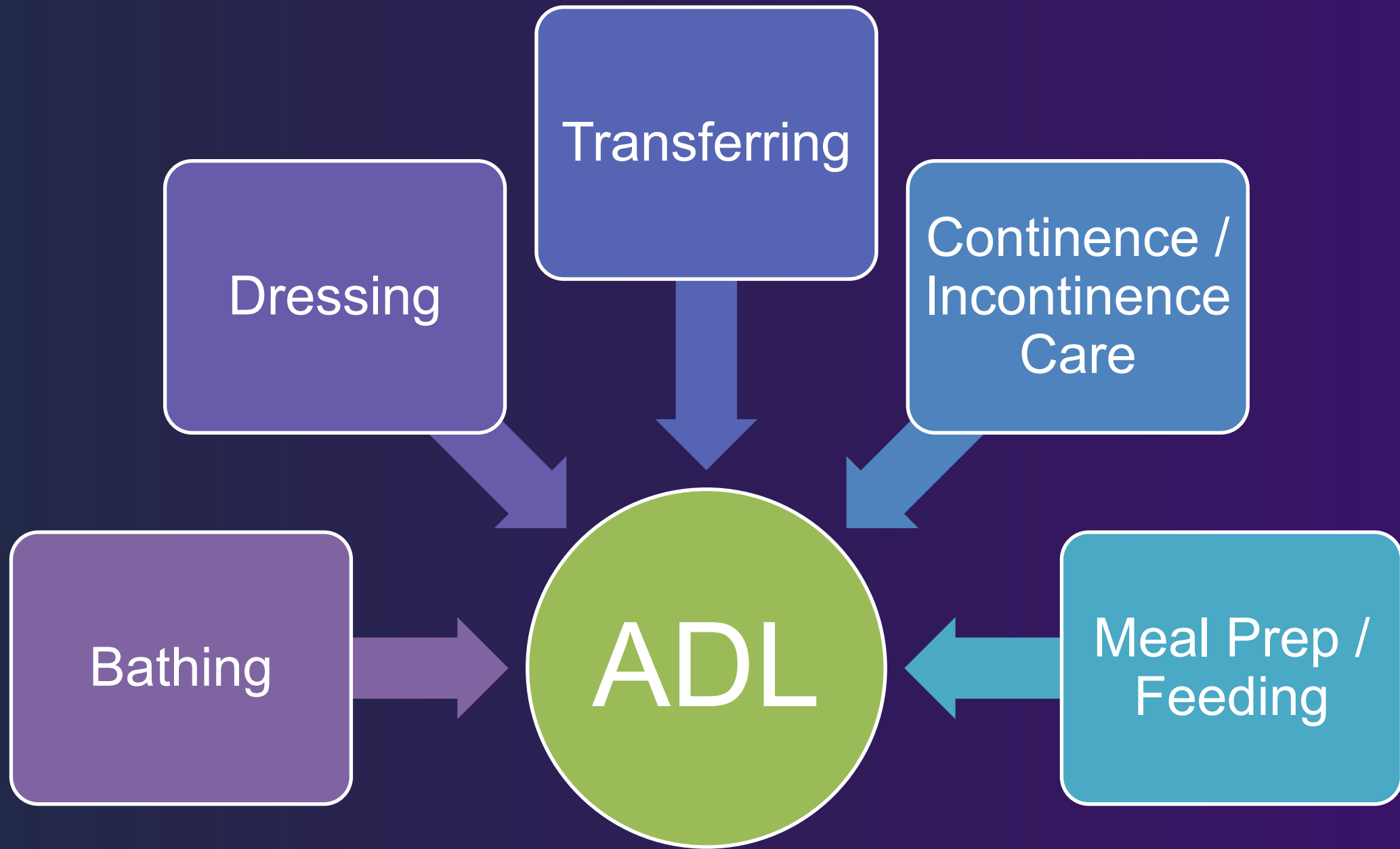
1

1/30/23 13:17: Patient reports pain to lower abdomen, rates hurt at 7/10. She states that the distress has been increasing over the past partly hour after her return from PACU. Mrs. Hare describes the pain as a “dull ache.” Abdominal dresser is dry and intact. Bowel sounds were hypoactive X4. Most current VS BP 114/82, HR 88, respiration 18, SpO2 94% on room airflow. Become experiential post-operative pain related go recent hernia functioning.

2

2/14/22, 1830. “Lung sounds clear to auscultation bilaterally. Color pink. No signs of respiratory distress noted. VSS. Patient eating 90% of his meals and tolerating well. No abdominal distention or emesis this shift. Patient AMB adequately. Voiding spontaneously. No BM this shift. Patient’s weight remained the same. Spouse visited patient today. Bed rails up x4. No hazards in room. Call light within reach.”

Reporting Activities of Daily Living (ADL)



ADL Flow Sheet Example

Side 1 of 2 Resident ADL Flow Record MDS 2.0

ACTIVITY	Chart Self Perf. In top box Support given in Lower box	DATE													
BED MOBILITY			How the resident moves to and from a lying position, turns side to side,												
<i>Self Performance</i>	<i>Support Provided</i>	7-3	/	/	/	/	/	/	/	/	/	/	/	/	/
4. Totally Dependent	3. Two Person Assist	3-11	/	/	/	/	/	/	/	/	/	/	/	/	/
3. Extensive Assist	2. One Person Assist	11-7	/	/	/	/	/	/	/	/	/	/	/	/	/
2. Limited Assist	1. Set - up														
1. Supervision	0. No Set - up														
0. Independent	8. Did Not Occur														
8. Did Not Occur															
TRANSFERS			How the resident moves to and from bed, chair, wheelchair, standing												
<i>Self Performance</i>	<i>Support Provided</i>	7-3	/	/	/	/	/	/	/	/	/	/	/	/	/
4. Totally Dependent	3. Two Person Assist	3-11	/	/	/	/	/	/	/	/	/	/	/	/	/
3. Extensive Assist	2. One Person Assist	11-7	/	/	/	/	/	/	/	/	/	/	/	/	/
2. Limited Assist	1. Set - up														
1. Supervision	0. No Set - up														
0. Independent	8. Did Not Occur														
8. Did Not Occur															
TOILETING			How the resident uses the toilet room/commode/bedpan/urinal.												
<i>Self Performance</i>	<i>Support Provided</i>	7-3	/	/	/	/	/	/	/	/	/	/	/	/	/
4. Totally Dependent	3. Two Person Assist	3-11	/	/	/	/	/	/	/	/	/	/	/	/	/
3. Extensive Assist	2. One Person Assist	11-7	/	/	/	/	/	/	/	/	/	/	/	/	/
2. Limited Assist	1. Set - up														
1. Supervision	0. No Set - up														
0. Independent	8. Did Not Occur														
8. Did Not Occur															
EATING			How the resident eats/drinks (includes G-tube and TPN).												
<i>Self Performance</i>	<i>Support Provided</i>	B	/	/	/	/	/	/	/	/	/	/	/	/	/
4. Totally Dependent	3. Two Person Assist	L	/	/	/	/	/	/	/	/	/	/	/	/	/
3. Extensive Assist	2. One Person Assist	D	/	/	/	/	/	/	/	/	/	/	/	/	/
2. Limited Assist	1. Set - up														
1. Supervision	0. No Set - up														
0. Independent	8. Did Not Occur														
8. Did Not Occur															
Ambulation: Chart applicable numbers															
		7-3													
1. Walk in Room		3-11													
2. Walk in hallway		11-7													
3. Requires Cane or walker															
4. Requires staff asst of one.															
5. Require staff asst of two															

RB Health Partners, Inc. - robinbleier@yahoo.com Form 034-07/06

Undocumented activities may not be considered as legally happened

Care Documentation Relevance

Help healthcare teams to communicate.

Ensure the continuum of care (e.g., ADLs reporting).

Protect residents' privacy and healthcare rights.

Organize administrative activities (e.g., shifts scheduling).

Protect you in the event of a lawsuit.

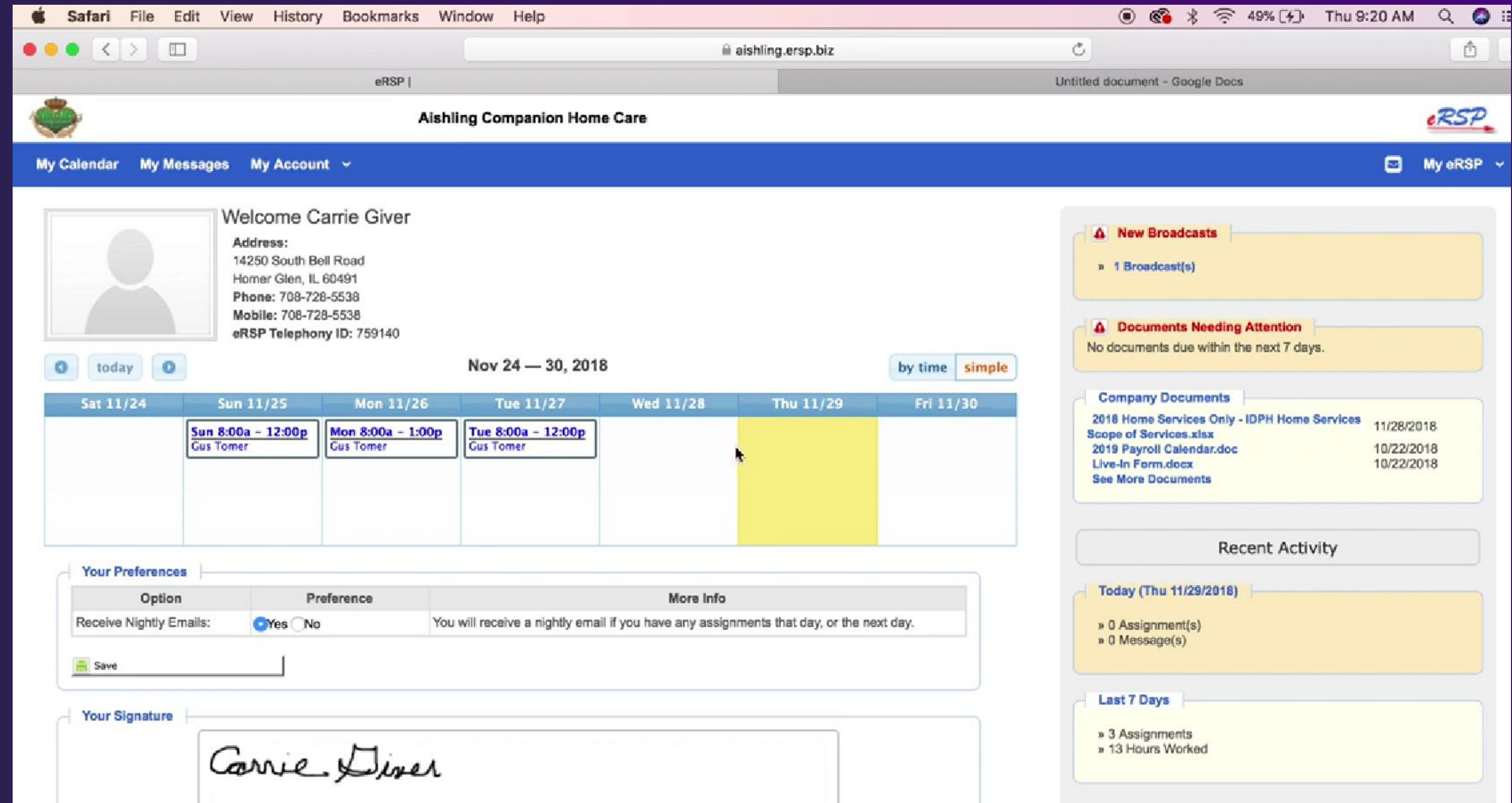
Demonstrate your contributions as a nurse assistant.



eRSP: An ADLs commercial reporting system example (I)

CNAs dashboard includes:

- Log-in/Log-off
- Personal info
- Shifts schedule
- Employer messages
- Pending actions
- Recent activities



Aishling Companion Home Care

Welcome Carrie Giver

Address:
14250 South Bell Road
Homer Glen, IL 60491
Phone: 708-728-5538
Mobile: 708-728-5538
eRSP Telephony ID: 759140

Nov 24 — 30, 2018

Sat 11/24	Sun 11/25	Mon 11/26	Tue 11/27	Wed 11/28	Thu 11/29	Fri 11/30
	Sun 8:00a - 12:00p Gus Tomer	Mon 8:00a - 1:00p Gus Tomer	Tue 8:00a - 12:00p Gus Tomer			

Your Preferences

Option	Preference	More Info
Receive Nightly Emails:	<input checked="" type="radio"/> Yes <input type="radio"/> No	You will receive a nightly email if you have any assignments that day, or the next day.

Your Signature

Carrie Giver

New Broadcasts
» 1 Broadcast(s)

Documents Needing Attention
No documents due within the next 7 days.

Company Documents

2018 Home Services Only - IDPH Home Services Scope of Services.xlsx	11/28/2018
2019 Payroll Calendar.doc	10/22/2018
Live-In Form.docx	10/22/2018

Recent Activity

Today (Thu 11/29/2018)
» 0 Assignment(s)
» 0 Message(s)

Last 7 Days
» 3 Assignments
» 13 Hours Worked

eRSP: An ADLs commercial reporting system example (II)

A typical CNA assignment includes:

- Client's info and address.
- Service details for the assignment.
- Visit instructions (e.g., drive client to a doctor's appointment).
- Client's current care plan: CNAs are required to read it carefully and ask questions to the employer!

Customer Name: Gus Tomer Address: 13255 Southwest Highway Suite 200 Orland Park, IL 60462-1328 Map		Gender: M Date Of Birth: 5/3/1934
Directions No Directions Found		
Service Details Gus is an 84 year old man who suffers from the onset of Dementia. Please assist him with his activities of daily living. Engage in conversation and always be proactive. Be creative with activities that he can perform. Allow him to help with chores if he is able to.		
Visit Instructions No Visit Instructions		
Service Plan		Attributes
Companionship and Homemaking <ul style="list-style-type: none"> • Companionship • Light Housekeeping 		<ul style="list-style-type: none"> • smoker: No • Animals: No • Requires Live-in care: No
Elimination <ul style="list-style-type: none"> • Assist to Bathroom Client is a fall risk. Assist him to the bathroom, then wait on other side of door to give him his privacy. 		
Mobility <ul style="list-style-type: none"> • Ambulation Assist Client is a fall risk. Use the gait belt at all times. 		
Nutrition <ul style="list-style-type: none"> • Encouraged Fluids Push fluids to keep him hydrated 		

eRSP: An ADLs commercial reporting system example (III)

CNAs fill out the Flow Sheet to report their service plan:

- Marking completed and refused tasks.
- Adding narrated notes when required to provide clarification to the health care team.
- Keep your notes objective because they might be shared with family members

Time Submitted

* Red denotes required but not complete

Caregiver: Carrie Giver Date: 11/27/2018 Time: 8:00A - 12:00P

Complete	Customer Refused	Service Plan	Notes
<input type="checkbox"/>	<input type="checkbox"/>	Companionship and Homemaking	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Companionship	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Light Housekeeping	
<small>Show all non-required Service Plan</small>			
		Daily Blood Pressure Check	
<small>Show all non-required Service Plan</small>			
		Elimination	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Assist to Bathroom	
<small>Show all non-required Service Plan</small>			
		Mobility	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ambulation Assist	
<small>Show all non-required Service Plan</small>			
		Nutrition	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Encouraged Fluids	
<small>Show all non-required Service Plan</small>			
		Personal Care	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Assist with Glasses/Contacts/Hearing Aids	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal Care	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shower/Tub/Bath Assistance	Client had showered the previous night
<small>Show all non-required Service Plan</small>			

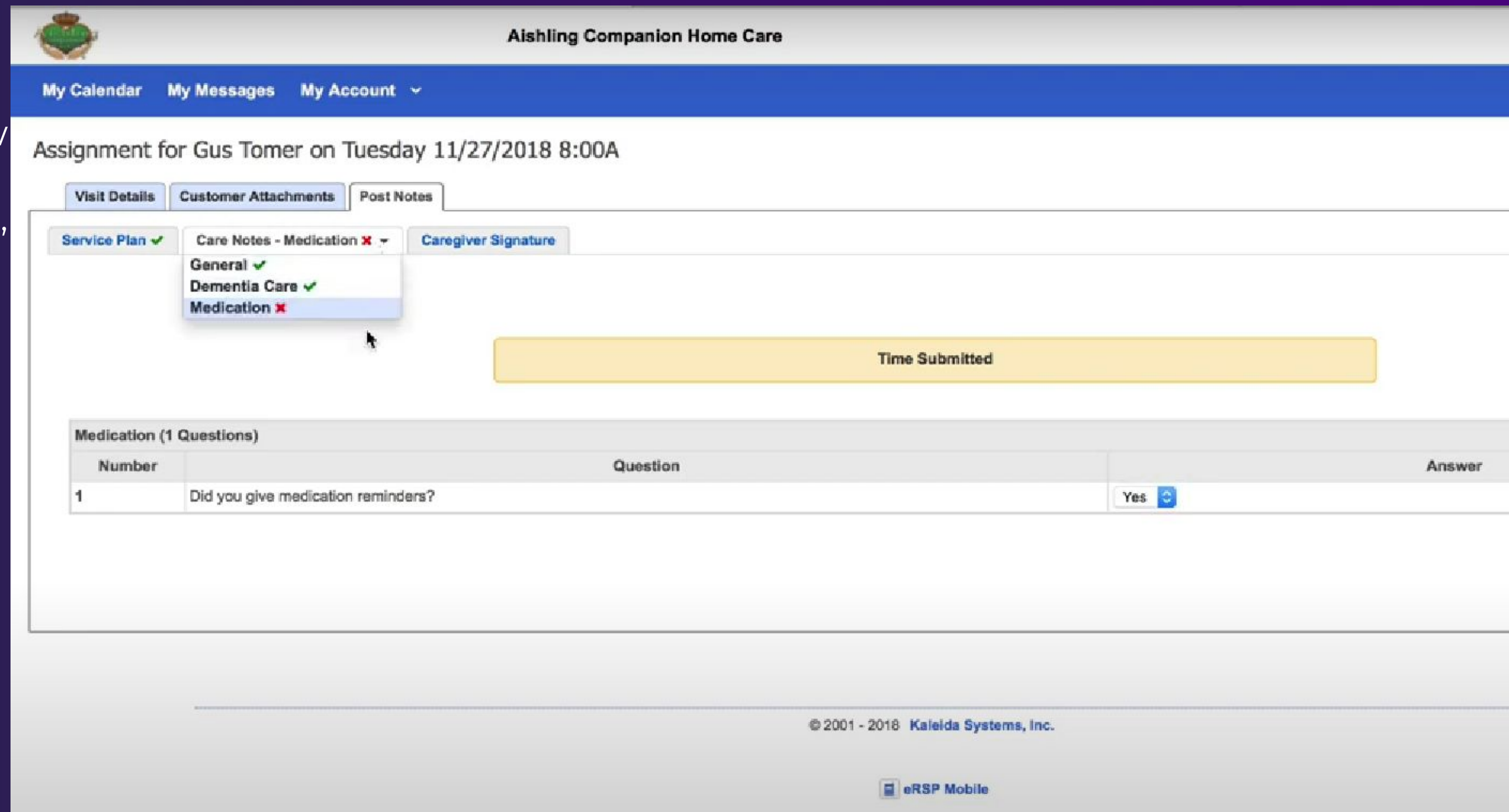
Update

ADL narrated notes

eRSP: An ADLs commercial reporting system example (IV)

To complete the service's Flow Sheet, CNAs add notes about client's special conditions (e.g., dementia care) and medication.

You must report ADLs on site to avoid penalizations by geolocation.



The screenshot shows the eRSP mobile application interface for 'Aishling Companion Home Care'. The top navigation bar includes 'My Calendar', 'My Messages', and 'My Account'. The main content area displays an assignment for 'Gus Tomer' on Tuesday 11/27/2018 at 8:00A. Below this, there are tabs for 'Visit Details', 'Customer Attachments', and 'Post Notes'. A dropdown menu is open under 'Care Notes - Medication', showing options: 'General', 'Dementia Care', and 'Medication'. A yellow bar indicates 'Time Submitted'. Below this, a section titled 'Medication (1 Questions)' contains a table with one question: 'Did you give medication reminders?' with a 'Yes' answer.

Number	Question	Answer
1	Did you give medication reminders?	Yes

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eRSP Mobile

Cell phone use: Dos and Don'ts

Don'ts

- Report your activities far from LTCF or patient's home (10 miles max.)
- Share photos or videos on resident or clients' home on social media (e.g., Snapchat).
- Disclose residents' personal information on responses made to comments posted by other Internet users either publically or via e-mail.
- Use cellphone while assisting ADLs like bathing and toileting.

Cell phone use: Dos and Don'ts

Dos

- Report your activities on site when finish services.
- Communicate to your resident / patient the purpose of your photos.
- Share photos on broken equipment or patients wounds to nurses.
- Keep clean your cellphone before and after attend to the LTCF.
- Use your device for colleague communication such as calling a physician, the charge nurse, or the nurse's aide.
- Turn off you phone's ringer, prioritize your phone calls, and find a private place to make calls.
- Review carefully your employer's cellphone policy.

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Thank you!

**Please let us know if you
have any questions.**