



Ministry Guidelines Education for Sherbrooke and Central Haven Staff

Module 8:

Record Keeping (Section 16)

Incidents & Concerns/Reporting Requirements
(Section 17)



Record Keeping

Section 16

Ministry Guideline – Section 16

Record Keeping

- Proper record keeping is essential to providing quality care. The directions in Section 16 of the Program Guidelines for Special-care Homes ensure that managers and care staff understand the requirements for: charting; resident care records; retention of records; and resident confidentiality.
- Resident records must be:
 - Complete and up-to-date;
 - Accurate and factual;
 - Accessible;
 - Represent the resident's experience in the home;
 - Document the care that is provided and the effects of that care; and
 - Document the reaction of the resident to the care provided.

Ministry Guideline – Section 16

Record Keeping (cont'd)

- Section 16 of the Program Guidelines lists the information that must be documented in a resident care record.
- Section 16 also lists the documents that must be kept on the resident's care record such as: health care directives; consents; assessments; and lab reports, x-rays. See Section 16 for the full list.
- Resident care records must be kept for a minimum of seven years after the date of discharge for adults. For children, care records must be kept for two years beyond the child's 18th birthday.

What does Section 16 - Record Keeping look like at Sherbrooke and Central Haven?

- We have a charting policy (#15.30.11) that directs our charting practice.
- Education is provided to new staff who are required to chart and then ongoing education is provided as needed.
- We have a Clinical Records Coordinator to oversee and facilitate our clinical record practices as indicated through Section 15 of our Resident Care Policy & Procedure Manual.



Incidents and Concerns/Reporting Requirements

Section 17

Ministry Guideline – Section 17

Incident and Concerns

- Section 17 sets out the policy and procedures to review any incident that could have, or did affect the health or safety of: a resident; a staff member; a visitor; or others in a SCH.
- Section 17 also directs managers and care staff to set up a process for friends and family members of a resident to raise concerns about a resident's care and appeal decisions.
- The purpose of reviewing incidents is to make changes to prevent a reoccurrence of the incident. Section 17 outlines the steps to set up a quality improvement program for resident care based on reported incidents.
- If a resident disagrees with the results of the outcome of an investigation, they have the right to appeal, as laid out in Policy 17: Concern Handling.

What does Section 17 - Incident and Concerns look like at Sherbrooke and Central Haven?

- When new elders move in, they receive a copy of SHR's rights and responsibilities, which includes the reporting options/process that elders and families have when they have a concern (including: accessing the SHR Client Representative, or the provincial Ombudsman).
- The '*Guide to Living at Sherbrooke*' or '*Guide to Living at Central Haven*' that is given to new elders/families and the Moving-In Agreement, also outline the process for bringing forward concerns within Sherbrooke and Central Haven.

What does Section 17 - Incident and Concerns look like at Sherbrooke and Central Haven? (cont'd)

- Through the development of mutual, respectful and trusting relationships between elders/families and staff, most concerns that do come up are addressed directly with the staff or neighbourhood teams with the focus always being on improving quality of life for the elder.



End Module Eight

Please complete Module Eight quiz.