

MODULE 8: DOCUMENTATION AND REPORTING



OUTLINE FOR THIS MODULE

- Documentation and Reporting
- Review and Assessment
- Service Learning



REVIEW



- What did we learn during our last session?
- What stands out from the last few modules?
- What has been reinforced through your Service Learning experiences?



DOCUMENTATION AND REPORTING

LEARNING OBJECTIVES

By the end of this section, you will be able to:

- Understand the importance of collecting and documenting health information accurately.
- Explain the purpose of various types of collection tools and methods for health and social information.
- Participate in the collection and documentation of health and social information.
- Understand common medical terminology.



INTRODUCTION TO CLINICAL DOCUMENTATION

WHY DOCUMENT?

- Goes in a formal record.
- Helps ensure continuity of care.
- It's a communication tool among service providers.
- Facilitates research.
- Allows for billing insurance.
- Jogs memory.
- Helps you justify care and services provided.



DOCUMENTATION AS AN ETHICAL OBLIGATION

- You are helping to relay a story.
- Clients deserve to have their story told accurately.
- Your relationship with the client may reveal important information that has not previously been shared.
- You are a steward of information that is discussed.



CULTURAL HUMILITY AND DOCUMENTATION

Cultural humility includes:

- **Reflection:** What do I learn from each person that I encounter?
- **Respect:** Did I treat everyone involved in my encounter with respect?
- **Regard:** Did any unconscious bias drive this interaction?
- **Relevance:** How was cultural humility relevant in this interaction?
- **Resiliency:** How was my personal resiliency affected by this interaction?

What effect does this have on documentation?



GOOD DOCUMENTATION PRACTICES

Check with your employer to ensure you are complying with their standards.

- Be sure to include date, time and your signature.
- Make entries immediately or soon after visit with client.
- Write legibly (check spelling, too!).
- Be thorough, accurate and objective.



TYPES OF DOCUMENTATION

- Clinical.
- Non-clinical.
- Summaries.
- Home visits.
- SOAP notes.
- CHW form created by agency.



EXAMPLES OF DOCUMENTATION FORMS / TYPES

The collage displays several forms used in home visits. On the left is a 'CURRENT CONDITION' form with sections for 'GOALS' and 'S' (Subjective). In the center is a 'Home Characteristics and Asthma Triggers Checklist for Home Visitors' which includes a 'Glossary of Asthma Triggers Commonly Found in Homes' with icons for various allergens. On the right is a 'PSC/DHW Informal Report' form with a table for recording data.

MEDICAL ABBREVIATIONS

- When you'll encounter them.
- Discuss with your employer.
- Ask for a list of common terms.



GROUP ACTIVITY
PRACTICE TOGETHER USING THE
"TRANSLATING MEDICAL TERMS" HANDOUT

GROUP ACTIVITY 8.6
DEMONSTRATION TO PRACTICE NOTE-TAKING

GROUP ACTIVITY 1.3
GUEST PANEL OF CHW PRESENTERS



REVIEW – WHAT HAVE WE LEARNED TODAY?



SERVICE LEARNING


