



Practice Guidelines for Population Public Health Client Documentation Timeliness

DOCUMENTATION GUIDELINE

Approved by:
Population & Public Health Director
Population & Public Health Clinical Nurse Specialists

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Approval Date: Aug 10, 2022

Supersedes (if applicable)
Target Review Date: Aug 10, 2025

1. Purpose

To provide direction to the WRHA Public Health staff to document information about a client that describes the status, care or services provided to that client and the outcomes of the services provided. This guideline will also provide Team Manager a consistent management direction and response regarding timeframes for documentation.

2. Background:

- 2.1 The CRNM Standards of Practice for Registered Nurse state that. "It is highly important that you document soon after you provide care to support accurate recall of information and to communicate effectively with other members of the health-care team" (2019)
- 2.2 The WRHA Guidelines for Completion of the Families First Log state: "The Home Visitor completes the log as soon as possible after the visit with the family (within 24 hours is recommended as best practice). All entries in the log should refer to events that you were directly involved in (2021)
- 2.3 The WRHA Operational Guideline regarding 'Entries into the Health Record' states: a notation recorded for each medication, treatment, assessment, procedure, investigation, phone call or situation pertaining to a Patient; including health care provided to, or on behalf of the Patient as well as the Patient's response to the health care provided. (2013)

3. Timeframes for documentation:

3.1 Within 24 hours of client interaction

All documentation in a client record, i.e. Progress Notes, care maps, Home Visitors log, is to be completed and returned to the respective public health office within 24 hours of the client interaction. except for reports, such as Parent Survey or developmental assessments, and referral letters

3.2 Same day documentation for urgent referrals

If there is an urgent health need requiring same day referral, assessment &/ or treatment, the appropriate report or correspondence is to be completed the same day as the client interaction.

3.2 CD documentation

PHMIS or iPHIS- handwritten notes when iPHIS not available or not appropriate, or iPHIS documentation;

3.4 Child and Families Services

Referral documentation in accordance with Reporting of Child Protection and Child Abuse and at the time of referral client situation/circumstances unstable i.e.: physical instability/concerns safety concerns for child, client and/or staff

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3.5 Parent Survey

If staff are not in the office the next day e.g. not scheduled to work (Saturday or part-time staff), attending a conference, participating in immunization clinics all day, etc. Initial handwritten notes for a Parent Survey, the same day as the Parent Survey interview documentation related to a consult with Families First home visitor and public health nurse (case manager) re urgent client situation i.e. client in crisis

3.6 Late entry:

Documentation that is completed for a client interaction later than 24 hours after the client interaction, or is added later than the initial notations for that interaction (addendums), are be identified as a '[late entry](#) or [addendum](#)'. Date and Time column on the far-left hand side of the Progress Notes is to be completed with the date and time of the interaction. The date of the note and the phrase "late entry" are to be written at the beginning of an entry in the Progress Notes.

3.7 Sign off dates discontinued:

The practice of writing the date beside one's initials when signing off an entry in the Progress Notes is discontinued for same day documentation. Sign off dates in Progress Notes are required when the documentation is done after the day of the client interaction

3.8 Postpartum Care map:

The date of documentation will continue to be noted in the Public Health Nursing Postpartum care map. It is not necessary to write 'late entry' on the care map within 24hour

3.9 Documenting during a visit:

In accordance with the public health practitioner's assessment of the situation regarding the feasibility of documentation during a client interaction, notations on the Public Health Nursing Postpartum care map, STI contact forms, and other forms can be done during a client interaction to avoid duplication of note taking and to promote accuracy of documentation.

3.10 Documenting between visits:

It is recommended that documentation occur between client visits/interactions as much as possible, rather than accumulating this aspect of the work to the end of the work day, to promote accuracy and efficiency in documentation.

3.11 Reports and correspondence:

All reports (developmental assessments and typed Parent Survey report) and correspondence are to be completed within two working days of the client interaction unless identified as requiring earlier completion (e.g. faxing of a letter to physician re breastfeeding clinic assessment).



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3.12 Clinical Specialist/Coordinator support: Public health staff are encouraged to consult with their respective clinical specialists regarding strategies and skill development related to documentation.

4. Management Guidelines for Team Managers re Public Health Documentation Timeliness

It is acknowledged that Team Manager support is necessary for practitioners to be able to work within the documentation guidelines. Managers can assess and assist with distribution and scheduling of workload, as well as problem-solving to address staffing capacity and workload.

4.1 Response:

4.1.2 Team Managers are to support and implement the documentation guidelines in collaboration with the CNSs and Families First Coordinator.

4.1.3 Team Managers are to consider the following factors when a request for overtime is made:

- Other staffing resources in the office or community pairing Workload distribution & scheduling, staffing complements, coverage and redistribution of workloads.
- Circumstances/events of the day
- Anticipated length of visit
- Travel time related to home visits
- Documentation time at the visit, between visits and post visit
- Time of client request/availability for the visit
- Assessment based upon client needs and standards/clinical practice guidelines for practice (telephone call from client in distress towards end of a work day; or client experiencing complex breastfeeding/coping problems with potential risk to infant's health)
- Union agreements regarding preauthorized overtime (MNU Article 16; MGEU Article 60- Risk management related to delays in completion of documentation
- Requirements for 'same day' documentation

5. Public health staff are expected to communicate and collaborate with each other in problem-solving related to workload distribution on a daily basis. When there is the potential for the need for overtime, staff are to contact their respective Team Manager to inform about the circumstances, participate in problem-solving and to request pre-authorized overtime as needed. During Weekend Services, staff are to work with PHN#1 regarding overtime issues and request.



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6. SOURCE/REFERENCES

- 6.1 [CRNM Standards of Practice for Registered Nurse](#)
- 6.2 [WRHA Guidelines for Completion of the Families First Log](#)
- 6.3 [WRHA Operational Guideline regarding 'Entries into the Health Record'](#)
- 6.4 [Reporting of Child Protection and Child Abuse](#)