

SUBJECT: Documentation Review
TO: Program Coordinators
FROM: George A. Kopchick, Jr., Superintendent

The Client Record System was designed to provide the Team with a format to gather and organize information relative to each client's needs, the services actually delivered and the client's progress as a result of those services. However, spot checks of client records on a number of living areas indicate that this information is not always recorded properly, and in some instances, it has not been recorded at all.

In order to improve our records, I am requesting that a documentation review be done for every client on those living areas serviced by Program Coordinators. The results of this survey will be used to assist the Program Coordinators and Unit Directors in bringing their records into compliance.

Program Development and Evaluation will compile the results of the survey and communicate with the Unit Directors during the process of upgrading the records. All changes should be completed by July 14, 1980.

Your accuracy and attention to detail should reflect the high standards for documentation which Pennhurst requires.

GAK/jb

cc: Unit Directors
Department Heads
Mr. O'Meara
Mr. Pool
Dr. Storm
file

Program Review

The Office of the Special Assistant to the Superintendent (O.S.A.S.) has been conducting a review of programs, APR's, progress notes, etc. on 5% of the clients. The forms which are being used, however, were printed last year (1977) and, therefore, do not reflect the changes, such as elimination of referrals, which have been made as a result of reorganization. Consequently, Jim Brody and Dave Pool, the respective heads of O.S.A.S. and P.S.C. are working out a revision. In the meantime, the old forms will continue to be used.

It is important to note that this review is designed to help you provide better services for your clients. The recommendations that are made by the reviewer are suggestions, not mandates, which should be carefully considered by the team. These reviews do take time, but they should not interfere with scheduled client programs. P.S.C. is also in the process of developing its own review.

Allow Six Weeks for Delivery

Which toys do your clients like best? Fullerton and Oliver, in their study of leisure behavior with severely and profoundly retarded adults, found that the most frequently selected item was a large Sears' catalog. Weight, colors and texture all seem to contribute to its popularity. Perhaps Volunteer Resources can get some, or ask friends and neighbors.

C.E.T.A.

The hiring process has begun for C.E.T.A. employees once again, and there has been some rumor that these people would be assigned for individual therapy with certain clients on each unit. Although such programs will be necessary in some cases, C.E.T.A. will not be involved. Instead, they will be assigned to specific units for escorting, assisting with groups and doing general living area duties.

Attendance Report

The instructions for filling out this form (1008) are incomplete. Please use the following format:

- (✓) Client attended the scheduled program.
- (O) Client did not attend a scheduled program.
- (X) The scheduled program was cancelled.
- (-) Program not scheduled for this day.

Specialists initial programs they provide using these instructions. Each program should have a mark entered for every day of the month.

Programs and Activities

The distinction between programs and activities has often been ambiguous and without clear definition. But, with the new Client Record System, the distinction can be made with very little chance of misinterpretation.

Programs are defined as instances of carefully planned staff/client interactions that relate directly to the client's Problem List and, more specifically, to a particular objective developed from that list during the most recent A.P.R.

Activities are defined as instances of scheduled staff/client interactions that are not directly related to a particular objective developed from the Problem List.

Programs will occupy most of the client's scheduled interaction time and must always be documented using the Attendance Report form (1008) and Progress Report form (1005). The Progress Report form is to be completed by the Program Manager for aide-directed programs and by the specialist for professionally-directed programs every two weeks.

Activities must be documented with the Attendance Report form but use of the Progress Report form is optional. However, documentation of progress is always helpful for objectively assessing the utility of an activity and justifying its continuance if that becomes necessary.

A Forward to "Issues"

There are many different philosophies concerning the care and rehabilitation of retarded clients. Everyone has an opinion on how services should be delivered and such opinions are useful to the extent that they provide a higher quality of treatment for our clients. Sometimes, however, opinions are expressed which may not take into account all of the facts or are simply a cover-up for doing less work. Some opinions are soundly based but run counter to the current administrative philosophy, which is also soundly based.

Regardless of the justification, some opinions can still interfere with our operation unless they are addressed and dealt with directly.

The following statement was not taken from any one individual but, rather, represents a prevailing attitude among some of the Pennhurst staff. The reply is not meant to be an all-inclusive rebuttal, but should shed some light on the topic. Future issues will appear later; and we would appreciate hearing from you on opinions which you have had to deal with or comments on the responses.

Issue #1

Opinion: The clients don't like programs which interfere with what they want to do. Some clients would rather wander the halls, sleep during the day, go without certain clothes or shoes or sit by themselves. If they are made to participate in these programs, they can only show their displeasure by being abusive, loud, soiling themselves or running away. When they do this, their right to be left alone should be respected.

Reply: Although we have an obligation and a responsibility to provide our clients with programs that will help them to progress and eventually move into the community, there are some who would just as soon be left alone and not participate in anything except eating and sleeping. These people present us with our biggest challenge and put us in what seems to be a moral dilemma.

When a profoundly retarded adult man hits and kicks at the aide who is trying to take him into a program, it is obvious that he does not want to participate. By making him get up and come with the aide, is his right to be left alone being violated? The answer, from a humanistic standpoint, is no. This man, and many others like him, have fallen prey to a cycle of self-isolation. It begins with the client not being cooperative for one reason or another. The staff member assigned to work with him doesn't feel that it's really fair to spend time fighting with this person when there are other clients who are more cooperative and receptive to the program.

The unwilling client is left alone by more and more staff; and as time passes, he becomes more belligerent with each request to join in with the others for an activity. The client's behavior is very predictable since people, both retarded and normal, become increasingly anti-social the more they are left without meaningful interactions. This type of client has become much more visible with the new system because now we are reaching every client and not just a select a few. But, where client behavior appeared to be deteriorating, it was really just a case of some clients becoming disturbed because they could no longer avoid interactions with other clients and staff by acting up.