



## Module One

# Code of Rights, Privacy & Dignity, Confidentiality Consent & Informed Consent Complaints Management

Policy, procedure, work instruction, trainers resource, posters,  
assessments of knowledge, certificate.

*supporting service providers*

## Resident Rights during Service Delivery

**RESIDENT RIGHTS POLICY:** Residents receive safe, respectful and reasonable services acknowledging their cultural and individual values and beliefs. All effort will be made to ensure awareness of rights, including the opportunity to discover them. Consent will be obtained in line with Codes referenced below.

### REFERENCES:

The Code of Health and Disability Services Consumers' Rights

NZS HB 8134:2004.1: 2001 Part 1 Consumer Rights during Service Delivery

[www.HDC.org.nz](http://www.HDC.org.nz)

### PROCEDURE:

- ❑ The Code of Rights & Responsibility is provided to every person that comes to use the service.
- ❑ It is given at the earliest opportunity and in a form that the person can understand. This may require large print, tapes or Braille for anyone with visual disability, or translation for anyone that does not have English as a first language. This Code is available to the person to refer to at any time, should they wish to.
- ❑ The Code of Rights and Resident Rights & Responsibility is part of Induction Training for all new employees.
- ❑ All effort is made to help residents understand and participate in their own care. This may need to recognise the special needs and communication styles of individual people. This may be achieved by:
  - Using key workers fluent in the client's own language where-ever possible.
  - Using sign and body language.
  - Supplying supportive written material in the resident's first language where-ever possible.
  - Using pictures & posters.
  - Large print
  - Encouraging residents to decide the best options for their own care.

## Residents Rights / Code Rights Précis

*You have the right to:*

- ⇒ *Personal and Health **care according to your needs.***
- ⇒ *Be treated as an individual with **respect and dignity.***
- ⇒ ***Privacy.***
- ⇒ *Support here in this Home - your Home.*
- ⇒ *Be **safe.***
- ⇒ ***Choose your friends.***
- ⇒ *Be **consulted** in all matters affecting you.*
- ⇒ *Maintain your **independence.***
- ⇒ ***Confidentiality***
- ⇒ *Continue with your **cultural, spiritual and religious practices.***
- ⇒ ***Decide** as much as possible about your **own care.***
- ⇒ ***Control over personal matters,** e.g. financial affairs.*
- ⇒ ***Understand** your care before you consent to it.*
- ⇒ ***Refuse** any treatment [not consent] or to change your mind and still receive support from the service.*
- ⇒ ***A second opinion.***
- ⇒ *Access to personal medical records.*
- ⇒ ***Complain** or raise any concerns.*
- ⇒ *Have another person [friend, whanau, professional outside the service] to speak [**advocate**] for you to help out in times of difficulty.*
- ⇒ *Enjoy **normal life** or be offered a range of activities here in your own home and / or in the community.*

## *And You Have A Responsibility To:*

- ⇒ *Treat others with respect*
- ⇒ *Remember that other people have the same rights as you.*
- ⇒ *Decide as much as possible about your own care*
- ⇒ *Assist staff in looking after your health.*
- ⇒ *To tell all medical history relevant to your ongoing care*
- ⇒ *Participate in your own rehabilitation, as much as you are able*
- ⇒ *Keep any financial arrangements current if private paying.*
- ⇒ *Let us know where you are.*
- ⇒ *Treat staff as individuals with dignity and respect.*
- ⇒ *Abide by any service rules e.g. tell us if you are going away*

Trainers Instructions:

Do staff REALLY know what all those posters about the Code of Rights mean?

STEP 1: Ask staff to write on a piece of paper as many Rights out of the Code of Rights as they know – no looking at posters. You may be surprised how many are missed out. Does everyone realise the difference between privacy & confidentiality?

Ask staff to role play being a resident / client [old and frail and sick]  
Then go through the Rights one by one looking at what that right would mean to them.

STEP TWO: Retest.

Graph is available to log results and print out from:

[http://www.hh.net.nz/pages/training\\_programs/mod\\_one](http://www.hh.net.nz/pages/training_programs/mod_one)

## Rights & Responsibilities for Residents

Please **imagine** that you are **really old** & you need support / help from us. You expect good service from us. What kind of service do you think you should be getting?

Test yourself on the questions below.

HELPFUL HINT: Has anyone shown you the "Code of Rights"?  
[YOU WERE MEANT TO GET THIS WHEN YOU FIRST CAME]

- What kind of care should you be getting [tick **one** box below]:*
- Everything done for you*
  - Only the help that I really need*
- Do you want to decide as much as possible about your care for yourself?*
- Yes*
  - No*
- Do you need to explain things in a way that you can understand?*
- Yes*
  - No*
- How would you like to be treated? Now remember you are a very old person. Say, "I am an individual. I would like to be treated with D ..... and R.....".*
- I like to be independent:*
- Yes*
  - No*
- How do you feel about your money?*
- I like to look after my own*
  - Please let someone else manage my money for me*
- Is your own religion / culture important to you?*
- Yes*
  - No*

*You weren't sure about our treatment, but you agreed anyway. Can you change your mind and say no?*

- Yes*
- No*

*When is it OK to change your mind and say no?*

*When is it OK to complain?*

*Maybe you would rather someone else spoke up for you? Do you have someone that you trust?*

- Yes*
- No*

*Do you think that they are allowed to speak up for you?*

- Yes*
- No*

*How about your friends? Do you still have the right to choose your friends?*

- Yes*
- No*

*Would it be OK if we talked about you and discussed personal things that were not part of the care that you needed among ourselves or with other people we knew?*

- Yes*
- No*

***HELPFUL HINT: Provide the care you yourself would enjoy [or that you would like for your parents] and you probably won't go wrong.***

Remember at all times that this is our resident's Home – keep your voice quiet and go about your tasks quietly & efficiently. Loudness between staff is discouraged. In general, conversations between staff should **NOT** be held in front of residents.

Sign: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

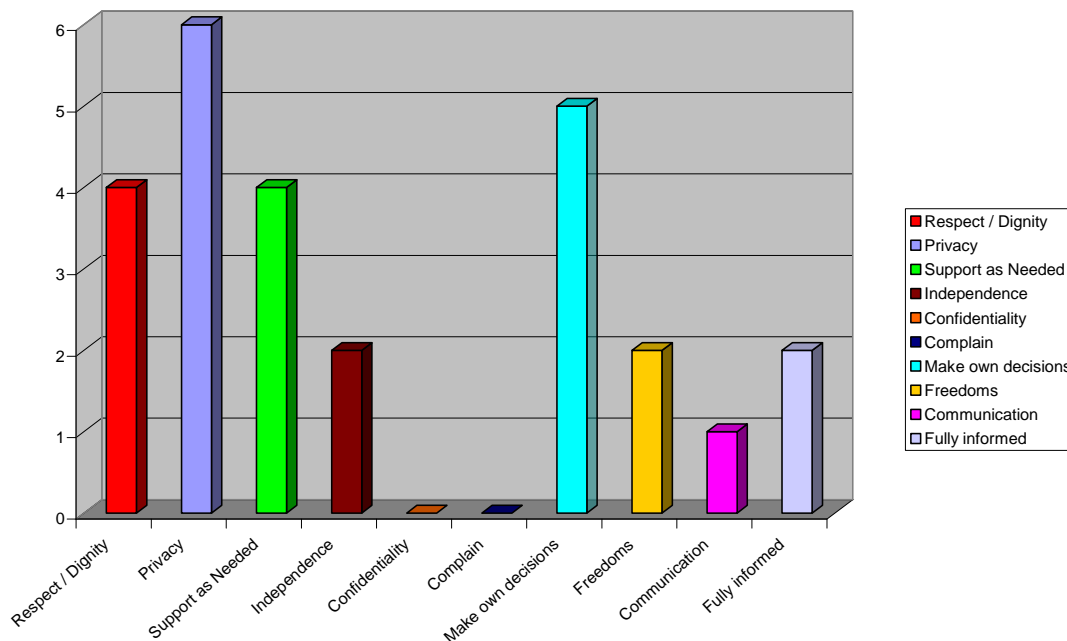
## Trainers Instructions Code of Rights Assessment of Knowledge

Trainers need one small piece of paper for each trainee.

Ask trainees to write on the paper as many rights out of the Code of Rights as they can

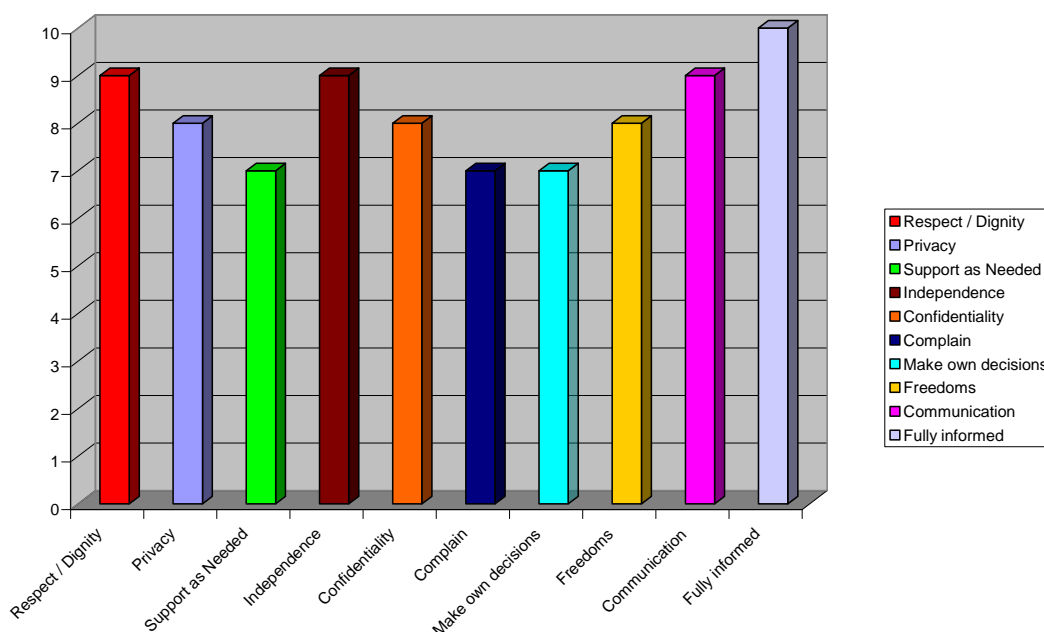
- Staff should not be able to access posters
- This is a test of understanding ALL areas of basic human rights.
- It is best not to share answers if you want a true assessment

Code of Rights Knowledge Assessment- BEFORE



Repeat after discussing what each of the part to the code means. Ensure that differences between privacy & confidentiality are clear. This is an area often misunderstood. Utilise the questionnaire where staff put themselves in the place of an older person. Also discuss the kind of care that staff would require for their own parents.

Code of Rights Knowledge Assessment - AFTER Training



## Personal Privacy and Dignity

Our service is committed to meeting the requirements of the Privacy Act 1993, the Health Information Privacy Code 1994 and the Health [Retention of Information] Regulations 1996.

- ❑ All residents are referred to by their preferred name. This is clearly written in their individualised Care Plan.
- ❑ Care should be given with the same dignity as you would like for myself or for your own family / whanau, according to that persons own culture.
- ❑ Residents must be able to have their own private space sometimes [so long as this is safe].
- ❑ It is courtesy to knock before entering a resident's room, except in emergency.
- ❑ Family meeting place must be sufficiently private so others cannot over hear.
- ❑ Residents / service users have the right to private telephone conversations.
- ❑ All residents use their own clothing and personal items. There are no "shared" items.
- ❑ Residents' belongings must not be lent to others without the resident's permission.
- ❑ Resident belongings are stored appropriately and safely.
- ❑ Personal resident information is not displayed publicly on notice boards.
- ❑ Residents have rights regarding sexuality but these must fit within our policy and not offend others. Any sexual activity will not be the topic of interest of speculation among staff.
- ❑ Resident files are only looked at according to need and by the correct people who have permission.
- ❑ Resident records are kept up to date and stored safely.
- ❑ Information on computers is just as private as written notes on paper.
- ❑ No staff member should ever borrow money or other items from residents.

### Privacy Officer:

- Person chosen by residents and staff
- Someone people can go to if they feel that their privacy is not being respected
- Someone mature who can act in that person's best interest and in a quiet & confidential manner.

**We all need to respect Residents Privacy & Dignity at all times.**

**Declarations: Healthcare Help Managers ask staff to sign declarations that they WILL respect resident privacy and dignity once full training is completed. Most staff embrace this responsibility, and welcome clear definition of their work role.**

## *Staff Privacy & Dignity Knowledge Assessment*

1. **Who is our Privacy Officer?** .....
  
2. How do we find out what name our residents like us to use?  
.....
  
3. You notice that two of our residents are spending a lot of time together and it looks like **a little romance** is developing? This will make a good giggle at handover? This is OK? Yes / No
  
4. One of the other staff **never knocks** when they enter the residents' rooms. Is this OK?  
Yes / No
  
5. What should you do about this?
  - Tell them off and ask how they would feel getting barged in on?
  - Ask them how they would feel if they had no private space off their own?
  - Tell a senior that you know will train this person better?
  
6. What is OK on our notice boards?

Put a  if you think it **IS OK to put this on your notice board** [visitors can see the notices]:

- Information about Training
  - A list of outings for the month that residents may like to attend.
  - The name of the residents that need to be helped to be dressed to be ready for those outings on time.
  - The showering list
  - The dressing list for the day
- 
7. The podiatrist has six people to see. We gather the residents together in a private part of the living room and make sure that the rest of the **residents are screened off for their treatment**. This is OK?  
Yes / No      If no, why not?      If yes, why?      [2 marks]  
.....  
.....
  
  8. The RN dresses Mrs Brown's leg while she remains comfortable in the lazy boy chair in the main lounge. She asks Mrs Brown if she minds the **dressing being done in the main lounge** and Mrs Brown says she does not mind. Is this OK?  
Yes / No      If no, why not?      If yes, why?      [2 marks]  
.....  
.....

Sign: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_  
Trainer: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

## Confidentiality

Resident information will only be discussed in order to provide care.

**REFERENCE:**

NZS 8134: 2001

NZS HB 8158: 2004 Section 1.6

NZS 8153: 2002 Health Records

NZS HB 8169: 2002 Health Network Code Practice

1. Information should only be passed to those that need to know. Only as much information as required need be passed on. For example: it is NOT OK to give an entire resident chart to another health service at resident appointment.  
Photocopy relevant page / s.
2. Information may be given to family of the resident and other health professionals. Sometimes a resident may NOT want information passed on to their family & we respect that.
3. The person giving out information must have a clearance from Management to give such information.
4. Records about each resident are confidential. We need permission to discuss these records with anyone other than those providing care.
5. These records are kept in a secure place. Only those providing care may look at them.
6. When information is passed on, for acceptable professional reasons, this must be done in such a way as to protect the privacy of the information. *For example sending a fax out may be a way of showing information to any random person and may NOT be taking care of resident confidentiality.*
7. All charts and records must be safeguarded to reduce the possibility of being passed into the wrong hands.
8. Be aware that in signing your Individual Employment Agreement that it includes a clause that makes it clear that failure to maintain resident confidentiality is regarded as serious misconduct.
9. Any staff member who disregards our privacy and confidentiality policies will be seen as having committed serious misconduct and may be considered for dismissal.

## Staff Confidentiality Knowledge Assessment

1. We should take **all** of our resident's integrated notes to appointments so that all the information will be available in case it is needed?  
Yes / No
2. Your family knows one of our residents really well. Your family is good friends and wants to know how your friend is getting on because they are worried? You tell them that they are **doing fine** and it might be nice if they visited. Yes / No
3. One of the residents asks to **see their medical notes**. Are they allowed?  
Yes / No
4. Who should be told that the person wants to **read their own notes**?
  - a) The Manager or RN / Team Leader
  - b) The family
  - c) The doctor

5. What kind of health information is it ok to collect?

Put a  if you think it **IS OK to collect this information**:

- The resident's past medical history
- A list of current medication the resident is taking
- The name of the residents first husband [she has married three times] and where he lives now
- A list of hobbies the resident enjoys
- How much money they have in their savings bank

6. The resident tells you that they had Tuberculosis a year ago. They ask you **not to tell anyone**. Do you tell anyone and if so, who?  
Yes / No .....

7. We have a new resident and they have diabetes. Your sister is a diabetes nurse. Can you **discuss the new resident** with your sister?  
Yes / No

8. A resident sees his notes regarding an incident where you filled in an incident form saying he was smelling strongly of alcohol when he returned home. He disputes that and wants you to **change the records**. What do you do?

- Refuse because he was drunk
- Tell the manager so he can add his own opinion of the incident to the file
- Change the entry to stop him from getting upset about it.

9. It is **OK to fax** all of a resident's medical notes to another Home.  
Yes / No.

10. If no, why not? .....

Sign: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent / Informed Consent Training for Care Staff

### Questions and Answers – Trainers Resources.

**Q.** What is **consent**?

**A.** Saying yes to something i.e. giving your permission.

**Q.** What's the difference between '**Consent**' and '**Informed Consent**'?

**A.** 'Consent' is saying yes to something ..... 'Informed Consent' is saying yes but you know much more about what is going on. Someone has told you the pro's and con's, explained the risks and possibly talked about other options.

**Q.** **How much say have people really got** though?

**A.** You, me, residents, anyone at all should **fully decide** about their own health care i.e. what pills might help us feel well, how much exercise is good and if they want to smoke or not.

**Q.** But what if people decide to **make a bad decision**?

**A.** **We can only recommend** the best care that we know about. So long as people are not harming others, then the choices belong to them.

**Q.** What if the resident is **too confused** to decide?

**A.** It's a big move to say that someone cannot decide for themselves so **doctors and family usually get together**. A support person can be chosen to help that person decide for themselves, or to decide for them when they cannot. This person is called their advocate.

**Q.** So that person will make **ALL their decisions** from then on?

**A.** No, only the ones they have trouble with. Any decision they can still make should continue to belong to them.

**Q.** Who is the **BEST person to be an Advocate**? Is it the doctor or the Manager?

**A.** No. The doctor and the Manager are not supposed to act as Advocates.

**Q.** **Who should it be** then?

**A.** The Advocate should know what this person would have wanted [back in the day] when they could still decide for themselves. So, they need to know:

- **What the resident would have wanted if they could still decide** – a close family member or friend may know this person much better than any of the staff if they have known them for years BEFORE they came into the Home.

- **What is best for the resident.**

**Trainers Instructions** [translations in blue]

- Residents may be powerless and vulnerable. [old and frail]
- It is easy for coercive situations to arise. [To make our residents do what we want them to do by influencing them to our way of thinking - for their own good].
- We must make it clear to residents that they are participating in a decision, not merely signing a form. [It's not fair to rush someone into signing something as though it is just a formality].
- Wording usually needs to be in layperson's terms. [We usually need to use simple words not long 'hospital words'].
- We need to be sure the person really does understand. [It's often hard to understand in these situations].
- This includes knowing the risks for any treatment [what might go wrong]

***Informed Consent Assessment of Knowledge/ Discussion Opportunity***

[please circle the BEST answers below]

**1. Do people have the right to refuse?**

Yes / No      If no, why not?      If yes, why?

.....  
.....  
.....

**2. Must we get permission from our residents for every little thing that we do?**

Yes / No      If no, why not?      If yes, why?

.....  
.....  
.....

**3. Does that permission have to be written or can it just be verbal?**

Written every time / It can be verbal

**4. Does a resident have the right to do something if it is harming or annoying others?**

Yes / No      If no, why not?      If yes, why?

.....  
.....  
.....

**5. Please place a tick, below, beside the examples of gaining consent:**

- Knock knock, may I come in?
- Let me give you a hand to the toilet Mr Grey.
- Take your pills Mrs Brown.
- Oh look you've got food all down your front. Come here. I'll change you.
- Would you like to wear the red dress or the green one today Mrs White?

Sign: \_\_\_\_\_ Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Trainer: \_\_\_\_\_ Designation: \_\_\_\_\_

Date: \_\_\_\_\_

## Process for Collecting Consent

1. The person collecting the consent must be endorsed **as a consent taker** by the Manager.
2. The person making the consent must be assessed **as competent to consent** by the Manager.
3. Instruction is for the Healthcare Help Consent Form.
4. Each point is discussed with residents [& family] to ensure understanding
5. If a point is agreed it is ticked.
6. If that point is not agreed to [e.g. transportation in our vehicles], then the point is marked with a cross.
7. Shared Care Planning is discussed. The consent taker reads that care consent can be withdrawn at any time, and that available alternatives will be considered.
8. The consent taker explains how Rest Home Care differs from hospital care. Rest Home care cannot be seen as an Intensive Care Unit. In an emergency staff are trained to call an ambulance and to maintain airways.
9. Consents regarding resuscitation:
  - Only the person themselves can decide against.
  - Doctor may decide that resuscitation would be both inappropriate & impossible.
10. Print clearly and use full names
11. Offer a copy to the resident – file the other with Integrated Notes.
12. Where competence is an issue, a suitable advocate **MUST** be found [i.e. someone with that person's best interests at heart]

There is also a form for identifying Power of Attorney / Enduring Power of Attorney. Read this Notification / Advice Form carefully.



## Do you know how to fill in our feedback form?

### Assessment of Knowledge Complaints Management

Become familiar with Concerns / Complaints / Compliments – form filling.

- a) Compliment – a visitor tells you the Home is looking lovely since you spring cleaned it. Fill in the form as though you were her.
- b) Complaint – a resident tells you that another care giver was bossing her around and told her off on the previous shift. Pretend you are that person and fill in the form.
- c) Suggestion – a consultant suggests that we make a map of NZ, or of the world, and place our resident names and pictures on it to help realise where they come from, as an activity to promote rehabilitation and acceptance of all.
- d) Asking for some kind of help – a visitor tells you she had to park miles away and could you help her get back to the car. Please document this as though you were the visitor.
- e) Niggle – I don't want to complain but could you please do something about this other resident that keeps coming into my room.
- f) To say thank you – A resident is delighted that you helped her organise all her personal belongings and spring clean her room. You are that resident. What would you write. What else might you do?

Note: these are ALL real feedback from 2007 & 2008

Trainers:

Use the examples above to encourage staff to be familiar with filling in our Feedback Form / Complaints Form

Photocopy this page and cut out the feedback – let staff 'lucky dip' for examples a) to f)

Allow staff to mark each others then feed back to the group & discuss.

## Do you know how to manage complaints?

### Assessment of Knowledge Complaints Management

Give staff the opportunity to role play how they would manage these complaints.

[These are ALL real complaints form 2007 & 2008]

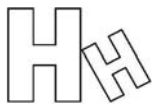
- a) Complaint – a family member complains their mother’s best cardigan has been stolen. [You later find it in another resident’s room.]
- b) Complaint – a neighbour tells you that a resident is throwing their unwanted rubbish over the fence into their yard.
- c) Complaint – a resident tells you that staff won’t let her to do Activities. They say that she cannot do things anymore since her stroke.
- d) Niggle – I don’t want to complain but could you please do something about this other resident that keeps coming into my room.
- e) Complaint – That staff are leaving wheel chairs blocking entrance ways
- f) Complaint – a family member tells you that her sister, an intellectually disabled resident, had blood on her pillow.

Practical Exercise:

Role play or describe the situations, above.

Staff are the ‘complainers’ – opportunity to fill in forms.

Role play using different staff for complainer & manager.



## Complaints Outcomes - We aim to solve in as few steps as possible

www.HH.NET.nz

### STEP ONE: Care giver to complete:

Complaint \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outcome

**Immediate Remedy Successful** [please write what this was]  
\_\_\_\_\_  
\_\_\_\_\_

**No Immediate action available** [tell complainant the matter will be reported to the manager to follow up as soon as possible].

Sign \_\_\_\_\_

Designation \_\_\_\_\_

Date: \_\_\_\_\_

### STEP TWO: manager / team leader follow up. [Copy of this form in notes and to family if appropriate].

Outcome

**Discussed with Complainant, satisfied with explanation** – no further action required

**Discussed with Complainant.** Problem solved by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ - no further action required

**A problem exists.** Summary of investigation and & actions to improve service.  
Timeframe: As soon as possible, & required within 10 working days:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problem still exists.

Problem solved: Date completed: \_\_\_\_\_

### STEP THREE: outside help. Please write outcomes on Serious incident Form & attach.

**Complainant still not happy.** Discussion to help resolve problem with outside help:

Manager help requested. Action requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Whanau / Komatua or other help. Name of person /s: \_\_\_\_\_

Whanangatanga or Advocacy Service. Contact Person: \_\_\_\_\_

Problem solved. Sign off: \_\_\_\_\_ Date: \_\_\_\_\_

ADVANCE DIRECTIVE  
Learning Tool



If cannot speak  
for self in future

Advance Directives  
[future wishes]

CPR

DO NOT RESUSCITATE

Do NOT Resuscitate

Moisten lips

Not feel thirsty

Soft or moulled food

FEEDING

Spoon fed & fluids

Nutritious drinks

Tube Feeding

As prescribed by doctors

As supplied by family

Intra - venous

Into the nose

Into stomach

VISITORS

No visits from .....

Don't give my details to .....

PALLIATIVE

Remain in THIS HOME

Warm & dry & pain free

Medications as suggested by my doctor

No XRAY blood tests or antibiotics

SURGERY

Do NOT wish any surgery

Do NOT want Intensive Care

Do NOT want respirator machine

trust



PERSONAL CARES

Take instructions from .....

Power of attorney [personal matters]

Personal wishes

MONEY

LEGAL WILL

or give ONE PERSON ENDURING POWER ATTORNEY over finances

# Resident Advanced Care Instructions

# 2010

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ NHI Number: \_\_\_\_\_

I \_\_\_\_\_

[Resident themselves and no one else]

Would like to make this advance directive concerning my own care so that you will know my wishes in the event that I am no longer able to speak for myself or in the event of an emergency.

Please indicate options below:

**Regarding my Personal Cares** in the event I am unable to speak for myself please take instructions

from: \_\_\_\_\_

My son daughter wife husband friend relative other

[Note: This should be just one person]

Contact details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Personal Cares**

They are my Power of Attorney

They are my Enduring Power of Attorney

**Regarding my finances:** Please take instruction

From: \_\_\_\_\_

My son daughter wife husband friend relative other [Note this can be more than one person].

Contact details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Finances**

They are my Power of Attorney

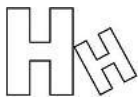
They are my Enduring Power of Attorney

Key People to Advice in the event that I become less well:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Palliative Care: I want to remain at THIS Home if at all possible. I believe that you will keep me comfortable & pain free.





## Open Disclosure Assessment of Knowledge

### Trainers Guideline Open Disclosure

#### GOALS:

That staff understand their **own responsibility** should incident caused by error harm a resident.

For care staff this responsibility may be confined to **timely** and **honest** reporting to a team leader or manager.

Care staff need to know the Home's policy and **who to turn to for help**.

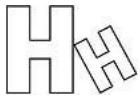
1. Staff need to understand the terminology "Open Disclosure"
  - This is a jargon word that many may find hard to remember.
  - Staff may understand the **concept** but fail to understand / remember the words "Open Disclosure".
2. Care staff need to understand that it is up to the Manager or RN to tell a resident when a mistake has been made. They do NOT necessarily need to shoulder this responsibility themselves unless the mistake is very small and already obvious to the resident. Most importantly care staff must realise that it is NOT OK to actively hide mistakes in care, especially when this affects any resident's well being.
3. This is a complex subject and it may be useful to generate discussion around how many in Residential Care would become upset and agitated by an Open Disclosure and that it might be better to have family present when disclosure is made? Also, that family are very much a part of any open disclosure unless the resident themselves forbids this.
4. Open Disclosure is a process:
  - Recognition of mistake [and its negative effects]
  - Deciding how and when to tell the resident
  - Genuine expression of regret [and saying SORRY]
  - Explanation [what this means what further treatment and for how long]
  - What we have done about it [disciplinary / training]
  - How this will never happen again [improved systems]

**Trainers Instructions:** Read the Problem Based Learning Exercise, below, to the group. Better still ACT IT OUT!

Care staff are placed in the position of having made a mistake that has harmful consequences for a resident. They now have the opportunity to "practice" going through the process of openly and honestly disclosing this mistake to senior staff and then to the resident themselves.

Read the following to trainees:

They respond with their own answers, then we go over the answers [with discussion] as a group.



## Open Disclosure Assessment of Knowledge

### PBL Learning Opportunity for Care Givers & RN's

You are giving out the medications. You are a Care Giver / support worker.

**You get distracted when another staff member asks you to help her with another resident who is calling out. You return to the medication round and give WRONG medication to a resident.**

1. **What is the FIRST thing that you do?**

2. The medication is:

- TWO strong sleeping pills
- An antidepressant medication and
- A drug to lower the blood pressure

This resident does not need any of these medications.  
**What harmful effects do you think these meds might have on the resident?**

3. Who might we contact to tell us how bad these effects might be?

A. \_\_\_\_\_

B. \_\_\_\_\_

4. What instructions are they likely to give us?

A. Re sleepiness:

B. Re Blood Pressure:

C. Re falling over at the night time:

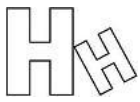
D. Re feeling "different" from the medications.

5. Who would be best to tell the resident about the accident [accidental ingestion unnecessary medication]?

6. How do we report this incident

7. What might we say to the resident or their family?

8. How might the resident or their family feel that this incident had some kind of positive outcome?



**Answer 1. STOP. DO NOT GIVE OUT ANY MORE MEDICATIONS!** Tell the RN or Manager. If they are not at the Home then contact the on-call person. They should be available, but if they are not then ring the GP.

**Answer 2.**

- **Sleepy**
- **Lower the blood pressure**
- Make the resident **feel “woosey”** and possibly **feel nauseated** [nausea is associated with a sudden drop or very low blood pressure]
- Unbalanced / now **at high risk of falling**
- The low dose antidepressant was unlikely to cause “harm”.

**Answer 3.**

GP or doctor on call / possibly our Pharmacist for advice

This is a good chance to go over the HIERACHY OF HELP common to emergencies

**TEAMLEADER → RN OR MANAGER → GP → SPECIFIC HELP LINES [CAT Team / ambulance / etc] → HOSPITAL**

For other “chemicals” or overdose of large quantities of medication you may ring poison centre but GP or pharmacist more appropriate for these medications. Poisons centre: 0800 764 766

**Answer 4.**

Special companion overnight [family member or staff.

Explanation that will likely have a GREAT sleep and be OK in the morning.

Explanation someone will help if needs toilet in the night as cannot risk a fall.

Take Blood Pressure immediately [base line recording] then every hour unless peacefully asleep during the night. Note if this resident had high BP as baseline then less likely feel negative effect.

No meds for anti nausea unless complaining of feeling sick – GP would advise

**Answer 5.**

The Manager or RN would decide who was to tell the resident / their family. This will vary depending on the resident and staff available. The resident may choose to tell their family themselves.

**Answer 6.**

Incident Form – this is a good chance for reminders of the forms we use. Filling them in effectively.

Accident Investigation Form

**Answer 7.** Sincere apology to resident and their family – expressions of sincere regret

Allow family to vent concerns and disapproval WITHOUT defending ourselves

Explanation of what this means for the resident immediate / ongoing

Explanation of the support we are willing to provide [special person overnight]

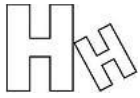
Staff to receive retraining as result of the incident

Looking at systems failure – was the staff wearing Medication Round Do Not Disturb Apron [they were not]: apron found and **MUST** be worn [practice of asking them to help with others no stopped]

All staff aware via training / notice posted aim is to prevent this happening again.

**Answer 8.**

We will assess staffing levels to see if enough people are on duty while medicines are being given out at meal times and have another person available to staff if there are too few – better resident care.

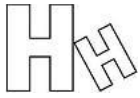


## Taking Gifts Assessment of Knowledge

For Care Givers & Support Workers

Practical Exercises: Problem Based Learning

1. What does our policy state about receiving gifts from residents or clients?
2. What are the rules about receiving a box of chocolate?
3. What are the rules about giving residents delicious fruit from your fruit trees at home?
4. A resident tells you that you have been really kind and wants to thank you. She has some perfume that her family gave her but she does not like it so she wants you to have it. What do you do?



1. What does our policy state about receiving gifts from residents or clients?

**Policy on accepting gifts from Residents:**

Residents may want to reward good care or friendship by giving gifts. This should NOT be encouraged [e.g. never tell a resident it is your birthday soon].

- Gifts of money must be refused and please inform the Manager or Team Leader.
- Gifts like chocolates or fruit are shared with other staff [unless just one portion].
- Please don't give gifts to individual residents as this encourages reciprocity.
- All gifts offered should be declared [tell a team leader].

2. What are the rules about receiving a box of chocolate?

Share with other staff – remember people on other shifts as well.

Make sure the Manager / team leader knows

Thank the resident remembering they should not feel obliged to give.

3. What are the rules about giving residents delicious fruit from your fruit trees at home?

Please don't.

If approved by a manager, such gifts must be distributed via the kitchen.  
There is NO problem giving excess fruit to other staff.

4. A resident tells you that you have been really kind and wants to thank you. She has some perfume that her family gave her but she does not like it so she wants you to have it. What do you do?

It is best to decline but thank the resident.

- You may say you prefer your own as it is special to you.
- Explain that it is against house rules
- There is no need

Tell a team leader or manager

Make a note that this resident is generous and may need protecting if they are vulnerable.

