

PROJECT SCAFFOLD - BEST PRACTICE

(Note: Areas is green for office use only)

Organisation contributing the best practice

Organisation name:		MacCare NPC - Nelspruit		Best Practice Ref. Nr.		5045/001/009	
Information provided by:		Heide Archer		Date:		2/25/2022	
Contact email:		nelspruit@macadamiacare.com		Role within organisation:		Care Manager	
				Contact number:		0711755564	
Stage of BP development:	Submitted	X	Under Review	x	Clarification	x	Legal Review
						Sector Contributions	Published

BEST PRACTICE

Name of Best Practice	A Care Dashboard for monitoring Resident Status
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1. This proposed best practice is *primarily* related to (please tick 2 most applicable boxes):

What Customers want or value		Finances / Costs		Business Processes		Staff		Systems	x
Organisation Structure		Quality of care	*	Care Service Delivery	x	Health & Safety		Morale	
Other: Please indicate									

2. Context: Share information to give more context in relation to where this specific practice is used in your organisation.

Urban	x	Rural		Number of Social Grant Recipients					
Care centre	x	Independent Living		Assisted Living		Nr. of In-house staff	20	Nr. of Outsourced staff	10
Nr. of rooms		Nr. of beds							

3. Description of best practice:

3.1 Share as much detail as possible. Where appropriate, please indicate resident participation, involvement, benefit etc. A simple one page completed weekly with resident's condition, care required and needs – an oversight of the residents week. If filled in properly and comprehensively, the resident's week is summarised on one page. Benefits the Care Staff, interdisciplinary staff, and family as the Care Plan is simply set out.	
3.2 Why did you develop this best practice? Please describe the challenges, constraints or bottlenecks that led to this. To simplify, summarise and neaten. Give easy and quick access to resident information, needs, problems, and progress. Dr needs residents' weight, don't need to scramble through file to find a weight. Has residents' constipation resolved, whole week recorded and can even look at the previous weeks to pick up a pattern.	
3.3 Why do you consider this to be a best practice? E.g., Outcomes noted Simple to fill in and gives a summary of the resident for the whole week. A good handover tool for staff changing shift.	
3.4 Do you consider this to be compliant with the current Older Persons Act?	
Yes	X
No	
If Yes, which portions does it comply with?	If No, which portions does it not comply with?
Recordkeeping	
I do not know	
3.5 How long has this practice been used within the organisation? (state period in years)	
0,4 years	
3.6 What are essential aspects in the organisation that directly support / maintain this practice?	
Record keeping by Care staff Training and support	
3.7 What are the benefits for your residents and/or staff and other stakeholders?	
Simplifying forms, Quick reference, Neat. Quick access for Staff, Interdisciplinary team and Family.	
3.8 What lessons were learned?	
Trialed and developed with the input of Staff, compared with other similar charts, and find that once the concept is grasped and understand the benefits, it works well. Repeated training and support required initially.	

Date:		Name:		Room:	Diagnosis:		Dr:	Interdisciplinary visits		
								Date:	Description	Action/Treatment
ASSISTANCE IN ADL (Circle appropriate)							Allergies:			
ADL	Comment		Comment		Comment		Comment			
Nutrition:		Supervise		Assist		Full assistance				
Hygiene:		Supervision		Shower		Bedbath				
Dressing:		Top		Bottom		Top & Bottom				
Personal Hygiene:		Mouth Care		Denture Care		Hair Wash				
		Make up/Shave		Hearing Aids		Nail Care				
Mobility:		No assistance/aids		Walker		Wheelchair				
Pressure Care:		8 Hourly		4 Hourly		2 Hourly				
Safety:		Wandering		Cot sides/Mattress		Restrain		Notes		
Continence:		Prevention		Incontinent 1 / 2		Incontinent Full				
Toileting:		Independent		Partial Assistance		Full assistance				
Medication:	8/12/16/20	Dispense		Assist supervise		Mouth check				
Day	Intake	Supplement	Output	BA	Comment	Pain / Discomfort				
M						Date			Incidents/ Ailments / Hospitalisation	
T						Area				
W						Intensity				
T						Type				
F						Action			Activities / Visitors	
S						Pain Scale				
S						1 2 3 4 5 6 7 8 9 10				
Supplement		D/BD/TDS								
VITAL SIGNS						Aching	Intense	Sore		
Date	BP	P	Temp	Sat	BGT	U	Tender	Burning	Throbbing	
							Unbearable	Stabbing	Crampy	
							Itching	Deep	Dull	
							ADD TM O2/ Nebs /Woundcare / PI/ Bloodtest			
Weight:			GCS:							
KEY: Daily: D 2 x Daily: BD 3 x Daily: TDS 4 x Daily: QID Night: N Weekly: W 2 X a Week: 2/W										
Signature:					Date:					

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