

Adult Guardianship Progress Note

Overview:

As a Designated Agency Interior Health is required to investigate reports of abuse, neglect or self-neglect. This document provides Designated Responders with instruction on how to use the **Adult Guardianship Progress Note**. The purpose of the Adult Guardianship Progress Note is to provide a standardized documenting template for Designated Responders to record the progress made during an investigation and care planning process for a vulnerable adult. It provides a clinical template to record sensitive material regarding vulnerable adults. Data will be collected to identify trends in the area of adult guardianship based on the information entered in to Meditech using this template.

Confidentiality and Reports of Abuse

In accordance with Sec.46 of the Adult Guardianship Act, the identity of a person who makes a report to a Designated Agency must not be released in any circumstance. The report discussed in this document has the following header: *“Designated Agency Reports under the Adult Guardianship Act. This report must NOT BE RELEASED without consultation from the Director of Risk Mgmt or the Manager FOI, Privacy and Policy Development”*. This header indicates to the Medical Records department that these reports must be reviewed prior to their release. Clinicians should be aware that documenting the identity of a person who reports abuse to a Designated Agency anywhere outside of these templates could result in a breach of confidentiality. Therefore, it is very important that all reports of **suspected** abuse, neglect or self-neglect be documented in Meditech using the templates provided.

Adult Guardianship Progress Note :

This report should only be completed by a Designated Responder. Designated Responders are Social Workers, Mental Health Clinicians and Case Managers in program areas without Social Workers. Adult Guardianship Progress Notes should be done in conjunction with an **Adult Guardianship Investigation/Outcome Report**.

Completing a Progress Note

Jump To:

[Report Status:](#)

[Current Situation:](#)

[Plan Of Care Update:](#)

[Name And Credentials](#)

Report Status:

The report status field indicates the level of completion of the progress note.

Note: Progress Notes completed by students should be signed by their supervisor in the report status comment section. Special “signing authority” may be required to sign off on student documentation. Students are not members of a Designated Agency and thus an investigation is required to be done by a Designated Responder, students can only dictate the work of a Designated Responder under supervision.

Current Situation:

Brief situation summary: REQUIRED FEILD. Provide a brief summary of events based on previous notes and reference important reports from previous entries.

Plan Of Care Update:

Plan of Care Updates Provide updates from Plan as detailed in the Investigation/Intervention Report	
Situation:	
Background/Collateral:	
Analysis/Impression:	
Recommendations (use SMART goals/statements):	
Additional Details/Comments on Updated Plan:	
Notifications, if required:	

Situation: Unlike the “Brief situation summary”, this section should include details of the current situation and what prompted the need for a progress note.

Background/Collateral: Consider and document all collateral information from relevant sources (i.e.: family, friends, community partners etc.). It is also important to note the client’s history, well-known social dynamics, and the client’s wishes regarding the situation (regardless of capacity).

Note: Be certain to state only facts and avoid all presumptions.

Analysis/ Impression: Provide a clinical impression. This may include but is not limited to, client strengths, risk factors, and observations etc.

Recommendations: If recommendations are made they should be client centered. Consider using SMART goals when determining recommendations. SMART goals are:

- S - Specific
- M -Measurable
- A - Attainable
- R - Relevant
- T - Time Based

Additional Details/Comments on Updated Plan: Provide additional information in this field.

Notifications: Notification regarding care may require notifying Representatives, EPOA’s, and Committees etc. Document the details of notification in this section.

Name And Credentials:

Name and Credentials	
Name and Credentials:	Brett Butchart, R.S.W.

Name and Credentials: **REQUIRED FIELD.** Provide both the name and credentials of the Designated Responder documenting the investigation.