

Client Monitoring & Case Conferencing Protocols



**Sunshine Coast
Health Center**

Powell River, BC

I. CLIENT MONITORING

I.A. Drug Testing

Drug Testing is performed:

- upon arrival
- on rumour
- on staff suspicion
- by lottery (minimum 30% of clients per week)
- upon return from day pass or leave of absence

Drug testing may be by 10-panel urine tests, saliva tests, or Alcohawk™.

I.B. Head Counts & Attendance Checks

Precautions to keep track of client whereabouts include head counts at breakfast (7 am) and the beginning of every group activity.

Clients who are missing from a group activity and are deemed at-risk are immediately followed up by the facilitator (typically a counsellor). Missing clients who are not deemed at-risk are followed up by facilitator at the end of group.

Formal head counts are performed randomly twice a night between the hours of 18:00 and midnight.

I.C. “Shadowing”

Clients who require intensive monitoring (or “shadowing”) include those who:

- appear at-risk
- have recently received distressing personal or medical news
- are residing in the Medical Unit
- have recently been discharged from the Medical Unit

I.D. Off-Site Activity Client Tracking

Any staff member who is taking a client off campus for the purpose of an activity is required to inform the evening or weekend Aide Supervisor. Furthermore, a bulletin board is maintained that lists all clients with day passes or leaves of absence.

Prior to being approved for a day pass or leave of absence, a client must complete, sign and have approved one of the following documents:

- Day Pass Request
- Leave of Absence Request
- Leave of Absence—Family Program Request (LOA-FP)

I.E. Staffing

Staffing measures designed to monitor clients include:

- scheduling staff throughout the week including evenings & weekends (refer to Weekday Staff Coverage as well as Evening & Weekend Staff Coverage)
- on-call counsellors (4 pm to 8 am daily)
- counselling support (8 am to 4 pm weekdays)
- proximity of ownership (owners live in property next door)

I.F. Client Feedback

Client progress is monitored through the following:

- Session Rating Scale (SRS) form *
- Outcome Rating Scale (ORS) form *
- Exit Interview

(* Note: ©2007, Barry L. Duncan and Scott D. Miller)

II. CASE CONFERENCING

Case conferencing measures involving the clinical & medical team include:

- clinical rounds (8 am weekdays)
- weekly individual case review (8 am Tuesday – 2.5 hours)
- semi-weekly meetings between Program Director and psychiatrist and physician
- aide check-ins with Program Director * (4 pm Monday to Friday)
- aide check-ins with Nursing Supervisor * (4 pm Monday to Friday)

(* Note: With Program Director, aides are informed which clients are being monitored closely, are struggling, as well as special instruction. With Nursing Supervisor, aides are informed of client medical issues and medication instructions.