

99D305I

Project Number: JXR-4461 -50

**WILLIS CENTER IQP: OUTCOME ASSESSMENT STUDY**

**An Interactive Qualifying Project Report**

**submitted to the Faculty**

**of the**

**WORCESTER POLYTECHNIC INSTITUTE**

**in partial fulfillment of the requirements for the**

**Degree of Bachelor of Science**

**by**

  
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**Date: May 3, 1999**

**Approved:**

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**Professor Jill Rulfs, Major Advisor**

## **ABSTRACT**

The purpose of this project was to develop and design an assessment study that would help the Willis Center achieve some of its goals. This was done at Fresh Start Program and by evaluating and redesigning some of the forms used in the current medical documentation process. Redesigning these forms will help to minimize the frequency of errors occurring which will help the program maintain a healthy relationship with the Department of Social Services.

## **Introduction**

Community organizations play a crucial role in maintaining neighborhoods and helping people in need. The Henry Lee Willis Community Center, Inc. (Willis Center) is a non-profit organization that significantly reaches out to the Worcester community attempting to meet the various needs of a culturally diverse environment. The Willis Center is named in honor of Henry Lee, an active African American in the Worcester government during the 1700's. Mr. Lee served as a selectman, treasurer and town assessor. He supported policies to improve the quality of life of the impoverished (An Introduction To The Willis Center, 1999).

The Willis Center works to improve the quality of life of individuals in Worcester by addressing the social and economic needs of the community. This is accomplished by developing programs that examine personal dignity, self-worth, economic development, and social health. These programs are aimed at communities of color by providing easily accessible services in a culturally sensitive manner. Some of the programs include the Channing House, the Fresh Start Program, HIV/AIDS Prevention & Education Outreach, the Linda Fay Griffin House, Shepherd's Place, and the Starting Point Program. Some of the primary services provided by these programs include residential substance recovery programs for men and women, HIV/AIDS outreach and prevention, adolescent residential programs for boys and girls, and a homeless shelter for women who are pregnant or have children. A further description of the individual programs can be referred to in Appendix 1. The Willis Center served 54, 676 individuals from July 1, 1996 to June 30, 1997 and the numbers continue to grow to the present (An Introduction To The Willis Center, 1999).

This project was developed at the Willis Center to help meet the agency's goals. Some of these goals include providing quality services to the Worcester community, seeking funding sources to meet the needs of the youth in the community, gaining referrals to program services, and participating in fund development activities that lead to secure, long-term financial viability of the agency to achieve its mission. The funding for the various programs is currently from the Department of Public Health, the Department of Social Services, the Department of Transitional Assistance, and the City of Worcester.

The focus of this project is on the Fresh Start Program, which is a long-term group home for girls between the ages of eleven and eighteen. This aspect of the Willis Center works on a closed-referral system with the Department of Social Services. Each girl enters the program with a Department of Social Services goal, such as reunification with family or transition to independent living. The clients remain at the program from three to twelve months depending on their individual needs and goals (personal communication, Kim Dawkins).

The Fresh Start Program provides its clients with various medical needs, depending on the individual client. In order for the program to work with the Department of Social Services, every medical service provided to an individual client must be documented properly. If a medical service is not documented properly, then the Department of Social Services views that service as never occurring. Upon interviewing various employees of the Fresh Start Program, it was determined that before other more complex studies on the medical aspects of the program could be studied, it is first important to make the medical forms used more applicable and less apt for errors to occur. This is not only important to the Fresh Start Program, since it would allow the

program to accurately track the medical services provided, but is also important to the program's continuing relationship with the Department of Social Services.

Thus the issues addressed by this project are to accurately evaluate the current medical forms used, redesign some of the current medical forms used and evaluate the impact of the changes made to the current medical tracking system. This project is aimed at helping the Fresh Start Program minimize the errors made in documenting the medical services provided to its clients. This will allow the program to accurately track the medical services provided and to continue forming a mutually beneficial relationship with the Department of Social Services.

**Project Selection:**

Since the Willis Center has many different programs, interviews were conducted for each program to determine which program would be focused on for this study. These interviews were aimed at examining the goals each program, determining if the individual program is successful and why, defining the current limitations which impact the ability of the program to meet its goals, identifying what is currently being done with respect to outcome assessment, and discussing the possible projects that could be done at each program. In addition, background information about each program was collected. The details of these interviews can be seen in Appendix 1.

From the information collected during the initial interviewing process, the Fresh Start program was chosen for this study. Based on the particular needs of this program, the focus of this study was then narrowed down to include an assessment of the medical services provided by the program. A subsequent interview with Kim Dawkins,

Continuous Quality Improvements Director, was conducted to examine possible projects involving medical service delivery. These projects include the following:

- a. Evaluation of the current medical forms filled out on a daily basis by the staff. These forms track the dispensing of medications, the various medical visits required by the Department of Social Services, and the need for other medical interventions (Appendix 2).
- b. Tracking of the nutritional health of the clients. This project would examine the how the meals served might effect behavior. For example, if the clients are served chocolate for desert, is there a greater incidence of improper behavior or acting out.
- c. Examining the effects of prescribed psychiatric medications. This study would compare clients that are taking prescribed psychiatric medication verses those clients who are not. The Fresh Start employees do not make the decision concerning which medications are prescribed to their clients and do not always agree with the doctor's decision. Thus, this study would be of value to the Fresh Start program because it would try to demonstrate and document the effect of medications on specific behavior of their clients. In addition, the Fresh Start employees would be able to determine if there are similar behavioral problems among clients on prescribed psychiatric medication verses those not on these medications.

Based on the availability of and access to the information and materials needed to conduct each study, a project examining the current system for tracking and utilizing medical forms was selected. This project was also selected because of its overall

value to the Fresh Start program and to future studies done tracking various medical aspects of the program. This project is aimed at identifying and proposing mechanisms for correcting the common mistakes made in the utilization of the current medical forms. From the interview conducted with Kim Dawkins, some of the common mistakes identified include:

- a. The staff's failure to sign-off on the Medication and Treatment Chart (Appendix 2). This chart is designed to document each medication that each client receives on a daily basis throughout one month. Each time the staff gives a client any medication, they are supposed to initial this chart in the appropriate box so that the exact time and day is documented for each medication that the client receives. When the staff forgets to initial this chart, an incident report must be filled out. If the staff does not initial this chart when they administer a medication, then it is as if the medication was never given to the client. This is a violation of the regulatory codes established by the Department of Social Services, which the Fresh Start program works with on a closed referral system.
- b. Noticing that a medication was not initialed on the Medication and Treatment Chart. This problem should be noted and corrected between shift changes. Between every staff shift change, a medication exchange takes place. During the medication exchange, a staff member coming off shift and a staff member coming on shift meet to fill out a Medication Exchange form. This exchange is done to verify that all of the medications are in the client's medication containers, that all medications were administered at the designated time and

that the Medication and Treatment Chart was initialed for each medication. Also, this exchange is used to transfer the responsibility for any errors to the new staff coming on shift. During this exchange, any errors should be corrected and noted. However, mistakes are still often overlooked due to staff errors. The current Medication Exchange form only asks if all of the medications are accounted for and for any comments. Thus, this form could use some improvements so that the medication exchange could be more efficient and catch all errors made in the previous shift.

- c. The time lapse between when the medications are supposed to be administered verses the actual time the clients actually receive their medications. There is a problem with the clients leaving the facility without taking their medication with them. For example, if a client leaves for an afternoon outing, and does not bring her medication with her, then she will not take the medication at its specified time. Thus, this is more of a communication problem between the staff and the clients.
- d. Starting new medications or having a dosage changed during the current month being documented. This problem deals with the Medication and Treatment Chart not being accurate and not being current with respect to which medications and at what dosage each client receives. Any changes to the medications need to be properly documented to ensure that the appropriate medications are being administered.

To address some of this common errors, five of the current medical forms were re-designed to make them more applicable and/or easier to use. These forms include the



Filled Prescription Form, the three different types of Record of Medical and Dental sheets, and the Medication Exchange Sheet (Figures 1, 3, 5).

**Results:**

The Filled Prescription Form is currently only the responsibility of the Medical Coordinator, Sonya Bakon. This form's main purpose is to document each prescription's starting and ending dates along with when each prescription was picked up from the pharmacist (Figure 1). This form is used to track when prescriptions need to be refilled and what day the actual prescription is brought back to the facility. The current Filled Prescription form is generic for all of the girls in the program. In other words, next to each prescription is a resident's name. The problem with this is that many of the girls are currently on the same prescription, making it hard to find information about a specific prescription for a certain girl. The revised form alleviates this problem because it is resident specific (Figure 2). In other words, the revised form has a space at the top for the resident's name whose medications are listed on the form. Thus, each resident would have her own sheet that could be easily referenced. In addition, the revised form has a column for the next day that each prescription needs to be called into the pharmacists in order for the prescription to be refilled by the time the resident runs out of that medication. The current form only has a column for the next refill due, which only specifies when the resident will run out of her current medication and will be in need of the refilled prescription. The revised form allows the Medical Coordinator to easily scan to see if any prescriptions need to be called in for a certain day instead of having to figure out when the prescription should be called in if the date for the next refill due is soon.

The next forms that were evaluated are the three types of Record of Medical and Dental Care forms. These forms are used to document each time a client meets or receives treatment from a doctor. The only major aspect of the forms that distinguish each form from one another is whether the type of medical service provided is an on-site psychiatric appointment, a phone consultation with a doctor, or an actual medical or dental visit. The major problem with these forms is that it is easy for the staff in a time of haste to take the wrong form with them to a certain type of medical visit.

Upon viewing the forms, it was noted that the information on each sheet is virtually the same (Figure 3). Thus, these three forms were easily consolidated into one Record of Medical and Dental Care form (Figure 4). This was done to eliminate the possibility of a staff member bringing the wrong form with them to a medical visit. This makes tracking of the medical visits easier and less confusing in times of haste. In addition, to still be able to distinguish between the different types of medical services, an additional line was added to the new form that identifies whether the record is of an on-site psychiatric visit, a phone consultation, or a medical/dental visit. When a staff member fills out the top section of the form before the visit, he/she can circle which type of record is being documented.

Beyond making this process less prone to errors, consolidating these three forms actually enhanced the forms currently used for phone consultations and medical/dental visits. As seen in figure 3, the old version of these forms neglected to contain space for certain information like the patient's Mass Health card number, and the patient's current medications. This information could be useful for both of these forms because it is information that a physician may need during an actual visit or over the phone. For

example if a client starts receiving certain psychiatric medications, then it would be important for her regular physician to be aware of this before prescribing other medications for ailments the client may have. Thus, redesigning these three forms allows the Fresh Start Program to easily and accurately track medical services provided to each client and improves the phone consultation and medical/dental visit forms.

The last form evaluated is the Medical Exchange Sheet. The Medication Exchange Sheet is a crucial part of the documentation process at the Fresh Start Program. This sheet is used to catch any errors that may occur during a staff shift and to inform the new staff coming on shift of any changes that may be applicable to the medications that the clients receive. The staff is supposed to check to make sure that all of the medications are accounted for for each client. The major problem with the old version of this form is that it is too general (Figure 5). The old version solely asks if the medications have been accounted for and if there are any additional comments. This general question still leaves the possibility that errors have not been accounted for and that changes to the medications being administered have not been accounted for. Thus, this sheet was redesigned to make it more specific to the topics that should be checked during the shift changes. The new Medication Exchange Sheet (Figure 6) asks more specific questions so that the staff has to check if various forms have been filled out properly and check if there are any changes in the medications being administered. These questions eliminate the staff overlooking common mistakes.

This sheet was redesigned to minimize errors. Each error that occurs in documenting the medications each client receives must be documented by filling out an Incident Report. These reports are kept on file and are important for the purpose of

clearly documenting medications for the Department of Social Services. Since the Department of Social Services provides the entire clientele for the Fresh Start Program, it is of great value to the program that the number of errors made during any given shift be at a minimal. Thus, redesigning the Medication Exchange Sheet to be more functional and direct for its purposes is crucial in making the current medical documentation system work effectively and efficiently.

After redesigning all of the above described forms, some of the Fresh Start staff evaluated the forms (Appendix 3). Some of the people who evaluated the forms include: Kim Dawkins, the C.Q.I. Director, Sonya Bakon, the Medical Coordinator, and Tara Sprenger, the Clinical Coordinator. All of these individuals remarked that all of the revised forms would help the current medical documentation system.

Some of the ways, that they mentioned, these revisions would improve the current Filled Prescription form is by making it easier to track medications for each resident, and making it easier in general to read the form. Only one negative aspect of this form was noted. Having a separate sheet for each of the sixteen clients will make filing or organizing these forms more difficult. However, since only the Medical Coordinator is responsible for filling out this form, this should not be a major problem.

The evaluation of the Record of Medical and Dental Care form was also positive. The main positive aspect of this revised form was that it combined three forms into one, which cuts down on the number of forms that are currently used for medical documentation. The only negative aspect noted was a concern that the staff would neglect to circle what type of a visit they were filling the form out for. This concern

should be easily taken care of by clearly explaining the revised form to each staff member that is required to use this form.

The last form that was evaluated is the Medication Exchange Sheet. The positive aspects noted about this form was that the revised version is more specific, which will reduce undetected errors made during the medical documentation process. There were no negative aspects found with respect to this form. All agreed that making this form more specific would help to ensure that the staff is properly documenting medical information.

## **Discussion**

Evaluating and redesigning the forms described above directly address many of the common mistakes described in the Project Selection section. A common mistake noted above explains that the staff commonly forgets to sign-off on the Medication and Treatment Chart when they give a client a certain medication. In addition, connected to this mistake, the staff often does not notice that a sign-off has been missed. Redesigning the Medication Exchange Sheet will reduce and even potentially eliminate not noticing that a sign-off has been missed. In addition, the new version of this form may even reduce the frequency of the staff forgetting to sign-off on a medication that they administer. This may occur because the staff will become more aware of the importance of properly signing-off on the Medication and Treatment Chart since they will be filling out a Medication Exchange Sheet between every shift they work. In other words, the Medication Exchange Sheet could work as a reminder at the beginning of one's shift that during the shift one must initial all of the appropriate forms.

Another common mistake addressed by redesigning these forms is the problem with noticing new medication/dosages with any of the multitude of medications that each client receives. The new Filled Prescriptions form and the new Medication Exchange Sheet will allow this mistake to be eliminated. The new Filled Prescriptions form is specific to each client and in turn completely easier to use and read. This will allow changes in medications to be seen clearly for each client. In addition, the new Medication Exchange Sheet directly asks if any changes have been made to the medications that each client receives. These two forms together should allow for the identification of medication changes to be noted and the appropriate medications to be administered during each shift.

Another common problem that is reduced as a result of redesigning these forms, that was not mentioned in the Project Selection section, is efficiently tracking and handling each prescription that each client has. In other words, before this project was conducted, there was no easy way to determine when a certain prescription needed to be called in to the pharmacist, or exactly when each prescription would run out. The new Filled Prescription form addressed and reduces error in calculating when medications should be called in and picked up. The new form is initially filled out to include the next call in date for each medication. In addition, the new form is for individual clients which reduces any confusion associated with multiple clients receiving the same medications.

Therefore, by redesigning only five of the medical forms used at the Fresh Start Program, many different problems or common mistakes made were reduced or eliminated. In addition, the system was simplified and clarified to make to the forms

easier to fill out and track for further studies the Fresh Start Program may want to conduct.

Redesigning the current medical forms used is not the only way, however, that the system could be improved. In order for any good system to work, the individuals who use the system need to be properly trained. Currently the Fresh Start staff goes through a two week training process that includes much more than just the medical services provided and the related medical forms. Sonya Bakon, the Medical Coordinator, suggested that the staff be required to go through a mandatory training/certificate program. This would help the staff to be more aware of the importance of the tasks they perform and properly trained to handle all of their responsibilities. Proper training is especially important to the Fresh Start Program because the staff turnover rate is so high. The current rate is six to nine months for the floor staff, which are the individuals who actually process and use the medical forms. Thus, higher training requirements would also help this program to effectively improve the current system for tracking the medical services provided to the clients, as well as improve the overall system at the Fresh Start Program.

Another change that could be made that would improve upon the current medical tracking system is if staff shifts overlapped a short amount of time like a half an hour. This simple change would allow the staff to have a flexible period of time to finish anything that they were involved in during their shift and then to adequately fill out the new Medication Exchange Sheet. Currently, the staff coming off shift is in a rush to leave because they are no longer responsible for being at work. As a result, if the staff coming on shift is late or even on time, then the Medication Exchange may be rushed and

errors may be overlooked. By overlapping the shifts slightly, this problem would be eliminated and any errors could be noticed and documented properly.

Another simple problem that could be alleviated is the improper filing of medical forms after they are filled out. When touring the Fresh Start facility, it was noted that upon inspection many important forms were filled out, but improperly placed somewhere that they did not belong. One suggestion for eliminating this problem is to either directly write on the forms where they should be filed after being filled out or to make a list of the form titles and specify where every form belongs. Another possible solution to this problem would be to color code the forms. Color coding the forms would make each individual form stand out from other medical forms. In addition, the colors of the forms could be color coded to the final destination of the form. For example a red form could be filed in a red binder once it is filled out. Filling out the forms is only half of the overall tracking process. Each form needs to be placed in a specified location so that the form can be found if someone needs to locate it.

Lastly, my final suggestion is that the administration should set up a penalty system for staff members who often neglect to document the medical services provided properly. Since documentation is so important to the Fresh Start Program and the Department of Social Services, there should be a warning given to those who fail to meet the specified documentation requirements that go along with their job. If a staff member is given a warning and continues to neglect to properly document the medical services provided to each client, then that staff member's employment should be re-evaluated by the administration.



All of these recommendations along with the redesigned forms presented here will allow the Fresh Start Program to effectively and efficiently meet the requirements of the Department of Social Services and provide their clients with the correct and appropriate medical services. In the future, this program may make their medical tracking system even more efficient by introducing a client/server intranet. A client/server intranet is an internal network that has a main server and multiple clients accessing a database on the main server. Thus, all of the medical forms could be accessed on multiple work stations throughout the facility. This would eliminate filing errors and allow the staff to quickly obtain and fill out the appropriate forms used. However, installing a computer network throughout the Fresh Start program would not be cost effective at this time. Purchasing the necessary equipment and training every staff member how to use the system would be expensive and time consuming. However, the cost of implementing such a system is steadily decreasing and will eventually lead to a higher standard of information management in non-profit organizations.

**Figure 1: Current Filled Prescriptions Form**



**Figure 2: Revised Filled Prescriptions Form**



**Figure 3: Current Record of Medical and Dental Care Forms**

The Fresh Start Program  
1601 Main Street • Box 399  
Leicester, MA 01524  
508-892-1010  
Fax: 508-892-7213



The Starting Point Program  
21 Ives Street  
Worcester, MA 01603  
508-754-3006  
Fax: 508-754-2971

## Record of Medical and Dental Care (PHONE CONSULTATION)

**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1) Complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3) Treatment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4) Follow-Up:** \_\_\_\_\_  
\_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Fresh Start Program  
1601 Main Street • Box 399  
Leicester, MA 01524  
508-892-1010  
Fax: 508-892-7213



The Starting Point Program  
21 Ives Street  
Worcester, MA 01603  
508-754-3006  
Fax: 508-754-2971

## Record of Medical and Dental Care

(to be filled out by treatment provider)

Patient's Name: \_\_\_\_\_

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

1) Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) Follow-Up: \_\_\_\_\_

\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_



**Record of Medical and Dental Care**

**On-site Psychiatric Appointments**

(Sections 1 & 2 completed by Medical Coordinator)

(Sections 3,4 & 5 by treatment provider)

1. Patients Name: \_\_\_\_\_

Mass Health Card #: \_\_\_\_\_ Recipient I.D.#: \_\_\_\_\_

Initial Evaluation \_\_\_\_\_ Medication Review \_\_\_\_\_ Medication Consult \_\_\_\_\_

**Current Medications:**

**Refill of Prescription Needed**

\_\_\_\_\_

Y N

\_\_\_\_\_

Y N

\_\_\_\_\_

Y N

2. Complaint(s): \_\_\_\_\_

\_\_\_\_\_

3. Diagnosis: \_\_\_\_\_

\_\_\_\_\_

4. Treatment: \_\_\_\_\_

\_\_\_\_\_

5. Follow Up: \_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (Printed): \_\_\_\_\_

Health Care Provider: **Boston Road Clinic, Inc.**

Telephone: **(508) 831-0045**

**Figure 4: Revised Record of Medical and Dental Care Form**

# Record of Medical and Dental Care

**On-site Psychiatric Appointments / Medical or Dental Visit / Phone Consultation**  
(Please Circle One)

1) PatientsName: \_\_\_\_\_

Mass Health Card #: \_\_\_\_\_ Recipient I.D.#: \_\_\_\_\_

Initial Evaluation \_\_\_\_\_ Medication Review \_\_\_\_\_ Medication Consult \_\_\_\_\_

**Current Medications:**

**Refill of Prescription Needed**

_____	Y	N
_____	Y	N
_____	Y	N

2) Complaint(s): \_\_\_\_\_

3) Diagnosis: \_\_\_\_\_

4) Treatment: \_\_\_\_\_

5) FollowUp: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (Printed): \_\_\_\_\_

Staff Signature: \_\_\_\_\_

(FOR PHONE CONSULTATIONS ONLY)

**Figure 5: Current Medication Exchange Sheet**

# MEDICATION EXCHANGE SHEET

DATE/SHIFT

SIGN ON

SIGN OFF

(SIGNATURE)

(SIGNATURE)

ALL MEDS ACCOUNTED FOR?

YES

NO

COMMENTS

DATE/SHIFT

SIGN ON

SIGN OFF

(SIGNATURE)

(SIGNATURE)

ALL MEDS ACCOUNTED FOR?

YES

NO

COMMENTS

DATE/SHIFT

SIGN ON

SIGN OFF

(SIGNATURE)

(SIGNATURE)

ALL MEDS ACCOUNTED FOR?

YES

NO

COMMENTS

**Figure 6: Revised Medication Exchange Sheet**

## Medication Exchange Sheet

**DATE/SHIFT**

**SIGN ON**

**SIGN OFF**

(SIGNATURE)

(SIGNATURE)

		Yes	No
1.	Are all medications accounted for?		
2.	Was the Medication and Treatment Chart initialed for each client and for all medications given?		
3.	Was the P.R.N. Medication Chart initialed for each client that received any P.R.Ns?		
4.	Was the P.R.N. Medication Record (back of P.R.N Medication Chart) filled out for all P.R.Ns given?		
5.	Were all Incident Reports filled out (if needed)?		
6.	Were all forms/reports filed properly?		
7.	Has the medication changed for any clients? ( new medications, dosage changes, or discontinued medications)		
7a.	If so, does the next shift know of this?		
7b.	If so, are all of the appropriate forms updated?		

Comments \_\_\_\_\_

**DATE/SHIFT**

**SIGN ON**

**SIGN OFF**

(SIGNATURE)

(SIGNATURE)

		Yes	No
1.	Are all medications accounted for?		
2.	Was the Medication and Treatment Chart initialed for each client and for all medications given?		
3.	Was the P.R.N. Medication Chart initialed for each client that received any P.R.Ns?		
4.	Was the P.R.N. Medication Record (back of P.R.N Medication Chart) filled out for all P.R.Ns given?		
5.	Were all Incident Reports filled out (if needed)?		
6.	Were all forms/reports filed properly?		
7.	Has the medication changed for any clients? ( new medications, dosage changes, or discontinued medications)		
7a.	If so, does the next shift know of this?		
7b.	If so, are all of the appropriate forms updated?		

Comments \_\_\_\_\_

## **Appendix 1: Interviews**



## **Interview 1**

**Keesha LaTulippe**  
HIV/AIDS Program Coordinator  
HIV/AIDS Education Program and Outreach Services

1. How long have you been working for the Willis Center and how long have you been working in this field?

She has been at the agency for three years and has been in her current position for a year and a half.

2. What are the goals of the HIV/AIDS program?

The main goal of the program is to reduce the incidence of HIV infections or other illnesses that lead to risk behavior that could potentially lead to HIV infection. A supplement goal of this program is to reduce the incidence of secondary infections for HIV positive individuals.

3. How do you accomplish these goals?

The main way that this program tries to accomplish their goals is through an outreach program. The outreach program allows for trained individuals to go out into the community to educate people about HIV and AIDS. The priority populations that the program targets are injection drug users, women, and communities of color. This program attempts to keep people as healthy as possible by educating them on topics such as the risks involved in using injection drugs or prostitution. The outreach program informs the community about support groups, services available for finding help, and how to keep as healthy as possible regardless of what activities an individual is doing. The program also provides individuals with bleach kits, condoms, and pamphlets. This program does not just try to get individuals to stop their high risk behaviors, but instead asks these individuals if they need help with anything else. By doing this, the program hopes to build trust between the outreach workers and their clients.

4. Are there any current limitations for the programs ability to achieve its goals?

Yes, funding is a major limitation for this program to achieve its goals. If an individual decides that they want to go into a program to stop using injection drugs, than that individual needs to find funding for the program and a way to get to the program depending on where it is located. Usually these individuals can find a state agency for their treatment and can pay for their treatment as a member of Welfare. However, the outreach program still needs to find transportation for this individual to get to the agency. Depending on the location of the agency, this may be a problem due to not enough available funds.

Another limitation to the success of this program is that there are not enough open spaces in detox programs. An outreach worker might try to get an individual into a detox program, but the program is already filled. In other words, one barrier is that there are not enough beds in these agencies as there are people who need help.

5. What is currently being done about outcome assessment?

There are multiple ways that this program monitors the outcome of the program. The program fills out a Department of Public Health survey and a Satisfaction Survey. The Department of Public Health survey is a general form displaying how many people the outreach workers have seen. The Satisfaction Survey is a more in depth form that the outreach workers fill out with their clients to find out if they were happy with the services that they received. This survey is used one week per month so that twenty-five percent of the clients are questioned.

6. What studies would you like to see done for this program?

- a. An outline of the process: initial contact to growing relationship with outreach worker to the client being placed into a program to a follow-up of the client's progress. Such an outline would allow the program to gather information that would be useful for other assessments of how the program is succeeding in the community. This would be useful for the program to see if they are reaching people in the community to make their lives healthier. This would also allow the program to keep track of how many long term relationships they have made with individuals in the community.
- b. An in depth study of the availability of services that the program refers individuals to. This would allow the program to have physical data about how long the wait is to receive services from health facilities. This study could encompass topics such as referrals versus the number of beds in a detox facility.

## **Interview 2**

**Kim Dawkins**

**Continuous Quality Improvements (C.Q.I.) Director  
Fresh Start and Starting Point Programs**

1. How long have you been working for the Willis Center and how long have you been working in this field?

She has been with the agency for three years and in her current position for about one year.

2. What are the goals for the Fresh Start and Starting Point Programs.

The main goal for both programs is to try and make each program work at its best to provide quality services and treatment needs to their clients. An overview of each of the programs are as follows:

- a. The Fresh Start Program is a long term group home for females between the ages of eleven and eighteen. This program works on a closed referral system through social services. Each girl enters with a Department of Social Services goal such as to reunify the girl with her family. The first six week of her stay is a period of assessment to determine the appropriate course of treatment for each individual client. This program is a managed care system through Common Works, a lead agency monitor service and funding organization through the Department of Social Services.
  - b. The Starting Point Program is a long term group home for males between the ages of eleven and eighteen. This program works in the same fashion that the Fresh Start Program does. In addition, this program also has a "time out" bed placement for more difficult youths. This aspect of the program allows for a transitional safe bed during a waiting period to determine the best placement for these difficult youths. Another aspect of this program is that it deals with young males that have been referred to the facility due to some form of sexual inappropriateness.
3. Has these programs been successful?

Yes, these programs have been successful in meeting there goals. There are many ways in which this can been seen. The most obvious way is through seeing the results in the children that are treating in the programs. A more concrete way of seeing the success of the programs is through the extensive documentation and tracking systems that these programs have. These systems measure the success of the programs from a regulatory and licensing standpoint. It is important for the programs to keep such extensive documentation so that they can have the information available to build a good reputation with lead agencies.

4. Are there any limitations for the programs in achieving their goals?

Funding is a basic limitation for these programs to achieve their goals because they only have enough room for a limited amount of clients. In addition to this limitation, it is difficult for these programs to keep a quality staff. Since the programs need to be open twenty-four hours a day and seven days a week, it is hard to keep highly qualified individuals for long term employment. Each member of the staff needs to maintain their individual drive to make all of their hard work worthwhile.

5. What do the programs currently do for outcome assessment?

Both programs perform an internal comparison of how the programs are doing. This is done by keeping in depth documentation of each client, having weekly team meetings, having monthly program reports, and having weekly staff meetings. In addition to the internal comparison, the management teams for both programs have monthly meetings to discuss if the programs are meeting their objectives. The Starting Point Program also has an advisory board made up of outside professionals with interests in seeing the program succeed. This board monitors how the program is doing. An advisory board is in the process of being developed for the Fresh Start Program.

6. What studies would you like to see done for these programs?

- a. A study that cross-references the current data available about the programs. Such a study would create a database of the current data so that one could tabulate and benchmark aspects of the program. By creating a database, one could examine the percentage of minority within the programs, how many runaways that program has had and why, and various other topics. This could allow the programs to establish if there are any patterns to the incidences the programs have had.
- b. A study that would examine the medical services the programs provide to the clients. This study would use the current documentation available to see if the different medical services each client receives is beneficial to the treatment of the individual client. This study would allow the programs to establish if the treatments available to the clients are meeting the program's goals or are in need of improvements.

### **Interview 3**

**Suzanne Buglione**  
**Director of Community Services**  
**Community Services**

**1. What is an overview of the Community Services Department?**

This department is made up of four different service programs: Elder Services, Youth Services, Neighborhood Services, and a Cultural Institute. Last year 30,000 individuals were served through these programs. This interview focuses on the Neighborhood Services division of this department. Neighborhood Services has three centers in different communities around Worcester. These centers are places for people to go if they need help. The centers give people referrals and information about an array of problems that the people in the community may be faced with, such as domestic violence or hunger. The majority of people who come to the centers are looking for food and the centers supply individuals with emergency food, clothes or furniture depending on individual requests. The department studies the socioeconomic dynamics of the neighborhood to supply the centers with what the neighborhood needs. The centers also hold events to bring the people in the neighborhood together such as block parties or holiday parties.

**2. What are the goals of Neighborhood Services?**

The goals are to provide individuals/families within the neighborhood with resources and information. This service tries to meet the basic needs of the people in the neighborhood.

**3. Has this service been successful?**

Yes, Neighborhood Services has been a success. Success is measured in many ways for this service. The usage is very high and the people in the community feel connected to the service. This can be seen through surveys each center performs and through the fact that some people within the neighborhood volunteer or are employed by Neighborhood Services. The integrity of the centers rose once the service started to engage local people as part of their team. The centers can also see success through the number of people in the neighborhood that achieve long term employment with their help.

**4. What are the limitations to the success of Neighborhood Services?**

The biggest limitation is the increase in need for such services without an increase in resources. Thus, lack of funding and resources is a major problem for this service. With the Welfare reform that occurred last year, the centers have been faced with new trends in the communities they help. For one, about ten percent of the people in the centers currently have no income at all. Secondly, there is a new class of “working

poor” individuals who work full-time, but still can not pay their rent or buy food. These people make less money working full-time jobs than they used to receive from Welfare. Welfare reform has made Neighborhood Services in even more need of resources and funding to help the families it serves. In addition, another limitation for this department is a lack of staff. Since the department only has limited funding, it has a smaller staff than it really needs to work to a maximum level of efficiency.

5. What is currently being done to examine outcome assessment?

There are four main ways that Neighborhood Services deals with outcome assessment currently. First, the department collects data on a monthly basis that examine the demographics of the centers and neighborhoods that are served. In addition, the department writes monthly reports that outline problem areas and highlights of the month. Thirdly, the centers participate in task forces and coalitions that evaluate larger systemic problems in the community. Lastly, the center survey the neighborhoods that they serve to find out how the individual centers are doing.

6. What studies would you like to see done?

- a. A study that determines how the services provided to the communities impacts the families that are in the neighborhood. This study would ask those served what it means to them to have a safe haven in the neighborhood. The only drawback to this study is that it is hard to poll some of the people involved because they either do not speak English or are not literate.
- b. A study that examines the different partnerships this department has made to make their work more conclusive of larger communities. This project would test the perceptions of the partners with respect to Neighborhood Services. In other words, this study would look at the integrity of Neighborhood Services through the eyes of its partners. In addition, this study would determine whether it is cost effective to build partnerships with other organizations in the area.

## **Interview 4**

**Rosario Almestica  
Shepherd's Place  
Program Director.**

1. How long have you been working at the Willis Center and in this position?

She has been working for the Willis Center and at Shepherd's Place since 1987, when this division of the Willis Center first opened.

2. What is a basic overview of this program?

Shepherd's Place is a shelter for homeless women and their children. The facility houses six families at a time. This shelter offers many positive features for its clients such as a nutrition program and a on-site nurse. In addition, there is a family life advocate that helps the clients with personal problems from budgeting money to dealing with legal problems. The shelter also helps the families find affordable housing. The families that live at the shelter are referred to Shepherd's Place by the Department of Transitional Assistance. The shelter works on a closed referral system. The program also performs follow-ups on how the families are doing that have left the shelter for at least a year. Past clients of the shelter will always be helped if they are in need.

3. What are the goals of the program?

The main goal of the program is to place the families into permanent, affordable housing. While the families are at the shelter, they are provided with food, and a place to live. The program tries to teach these families how to take care of themselves while still receiving help. By doing this, the program hopes that once the families are on their own, they will be able to take care of themselves. Another goal of this facility is to help families in a time of need and stress. This is accomplished by helping the families with their problems. Thus, the assistance, beyond food and shelter, each family receives from this program depends on each individual family.

4. Has Shepherd's Place been a success?

Yes, Shepherd's Place has been a success. This can be clearly seen by the fact that the shelter has met the state's goal of the number of families placed in housing every year since the program started. Last year their goal was to place fourteen families and the shelter ended up placing twenty families in affordable housing.

5. What are the limitations to the success of the program?

The major limitation is funding. Shepherd's Place has not received any additional money to their budget in eight years. However, the cost of maintaining the shelter and the cost of food have increased over the last eight years. Thus, the program pays for the basic needs of the shelter by cutting some things from the current budget.

6. What is currently done for outcome assessment?

There are many ways in which this program evaluates how it is doing. First, there is a state questionnaire that measured how the families feel about their time spent at Shepherd's Place. In addition, the program has each family fill out one of its own questionnaires before leaving the shelter. The program also does monthly reports for the state and the Willis Center to evaluate how things are progressing.

Possible projects that could be done with Shepherd's Place are still being thought about by Rosario Almestica.



## **Interview 5**

**Irene Adeyemi**  
Program Director  
Linda Fay Griffin House and Channing House

1. How long have you been working at the Willis Center and in this position?

She has been with the Willis Center for four years and in her current position for three years.

2. What is a brief overview of the programs?

The Linda Fay Griffin House is a substance abuse rehabilitation program for women. The women involved stay for three to twelve months on the average. The program offers many educational programs for those involved. The first two months are geared at providing information about how to move in a positive direction in your life. Some of the educational modules that the program offers are Drug Education Life Skills, Women's Issues, Nurturing, HIV/AIDS Education, Anger Management, and Women in Society. In addition the clients are part of many groups such as psychology, and wellness. After the initial two months, the women continue on the life skill's process to prepare them for reintegration into society. The women can go back to school or get a part-time job depending on their individual service plan. Also, the women are assigned case managers to coordinate resources in the community to achieve their individual goals. The program is set up to be an empowering program. The women are taught to take responsibility for their actions. The women have six week ISPs (Individual Service Plans) to monitor their progress. They also have an overall ISP that would be something like reunification with their children. These ISPs are just guidelines to stay in the program and to teach the women to set goals for themselves. The program tries to show the women involved that if they can achieve their goals within the program, then they can outside of the program.

The Channing House is a substance abuse rehabilitation program for men which is similar to the Linda Fay Griffin House.

3. What are the goals of the program(s)?

The main goal is to integrate the clients into society as useful, active citizens. These programs are attempting to put the "drug addict" stereotype in the past. The programs try to do this by setting up strict criteria for graduating from the programs. To graduate from the program one must:

1. Have a job so that you have your independence.
2. Have a place to live that you call your own.
3. Have at least \$200 in the bank.
4. Have after care plans in place such as relapse groups and counseling sessions.

5. Have an active relationship with your sponsor. A sponsor is a person who has successfully made it through the program and now acts as a big brother/sister for the new graduates.
4. Have the programs been a success?

The programs have been a success to some extent. Drug abuse is a hard illness to conquer.

5. What are the limitations to the success of the programs?

One of the biggest limitations to the program is the nature of the illness that is treated at each of the programs. The people involved have to struggle every second of the day to not start using drugs again. In addition to their struggle while they are in the program, they also have to try to stay off of drugs after they leave the program. It is very difficult to make the treatments last after the clients leave the programs. Another major limitation to the success of the programs is funding. There are many more people who are looking for treatment than the facilities can handle at any given time. The Department of Public Health provides funding for eighteen women at a time to stay at the Linda Fay Griffin House and there are only eleven beds available at the house. Also, this lack of funding makes it hard for the programs to hire good staff. The programs need trained individuals to help their clients and this is sometimes a problem because of funding.

6. How do you measure the success of the programs?

The programs are able to monitor the success by holding yearly alumni gatherings where they can see how many people have stayed sober after leaving the program. In addition there is a Quality Control Survey that each client fills out upon entry and graduation from the program. This survey looks at the positive and negative aspects of the program. Also, there is a house survey that examines the services provided in each house.

7. What is currently being done about outcome assessment?

The program currently has a database set up for the Linda Fay Griffin House. From this information, yearly reports are made that show the basic demographics of the program, such as ethnicity, age, education level, and the number served over the year.

8. What would you like to see done for the program(s)?

1. Database work: the Linda Fay House's database is limited in the features it currently has. It needs to be revamped and put up to date. In addition, the Channing House does not have a database and is in need of one.
2. A study that looks at the impact of drug use with health problems. When the clients sober up, they all suffer some medical ailments. This study would

examine if there is a correlation between which drug one is addicted to and the medical effects of that drug.

3. The Linda Fay Griffin House has just started a catering service to try to raise more money for the facility. This study would examine how this catering service could be more professional and how to get funding to make the catering service larger. The profits from this service are used towards the house and some of the money is given to the clients involved. The program is interested in making the catering service an outlet for the clients and anyone who wants to be involved to hold a permanent job.

## **Appendix 2: Medical Forms**

MEDICATION OR TREATMENT		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
<b>MED:</b>	<b>START DATE:</b>																																		
DOSE:																																			
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DOSE:																																			
FREQ.:	<b>STOP DATE:</b>																																		
ROUTE:																																			
<b>SIGNATURE AND POSITION:</b>	<b>INIT'L.</b>	<b>SIGNATURE AND POSITION</b>		<b>KEY:</b>														<b>PHYSICIAN'S NAME &amp; PHONE</b>																	
				S - Sent to school														Eileen Rafferty																	
				R - Refused														(508) 792-8830																	
				A - AWOL																															
				P - Pass																															
				D/C - Discontinue																															
<b>CLIENT NAME:</b>																		<b>ALLERGIES:</b>																	

# MEDICATION AND TREATMENT CHART

Month: \_\_\_\_\_ Year: \_\_\_\_\_

MEDICATION OR TREATMENT	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
MED:	P																																	
DOSE:                      FREQ.:	R																																	
ROUTE:	N																																	
MED:	P																																	
DOSE:                      FREQ.:	R																																	
ROUTE:	N																																	
MED:	P																																	
DOSE:                      FREQ.:	R																																	
ROUTE:	N																																	
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MED:	P																																	
DOSE:                      FREQ.:	R																																	
ROUTE:	N																																	
SIGNATURE AND POSITION:	INIT'L.	SIGNATURE AND POSITION															KEY:					PHYSICIAN'S NAME & PHONE												
																	S - Sent to school <i>zaffenan</i> <i>meds</i>																	
																	R - Refused																	
																	A - AWOL																	
																	P - Pass																	
																	D/C - Discontinue																	
CLIENT NAME:																						ALLERGIES:												

# P.R.N. MEDICATION CHART

The Fresh Start Program  
1601 Main Street • Box 399  
Leicester, MA 01524  
508-892-1010  
Fax: 508-892-7213



The Starting Point Program  
21 Ives Street  
Worcester, MA 01603  
508-754-3006  
Fax: 508-754-2971

## Medical Discharge Form

**Client's Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Mass Health # :** \_\_\_\_\_ **Recipient ID # :** \_\_\_\_\_

**Discharge Date:** \_\_\_\_\_ **New Placement :** \_\_\_\_\_

**Date of last physical :** \_\_\_\_\_ **Health Provider:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Date of last dental exam:** \_\_\_\_\_ **Dentist:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Date of last optical exam:** \_\_\_\_\_ **Optometrist:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Current medical conditions & allergies:**

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**Follow up appointments scheduled and/or pending:**

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**Current Medications:**

1) _____	4) _____
2) _____	5) _____
3) _____	6) _____

*Fresh Start.*  
**Starting Point Staff:** \_\_\_\_\_

**DSS Worker :** \_\_\_\_\_

The Fresh Start Program  
1601 Main Street • Box 399  
Leicester, MA 01524  
508-892-1010  
Fax: 508-892-7213



The Starting Point Program  
21 Ives Street  
Worcester, MA 01603  
508-754-3006  
Fax: 508-754-2971

## Medication Transfer Form

I, \_\_\_\_\_, do hereby acknowledge receipt of the  
following medication from \_\_\_\_\_.

Medication	Quantity
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of staff transferring meds

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of staff accepting meds

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



The Fresh Start Program  
1601 Main Street • Box 399  
Leicester, MA 01524  
508-892-1010  
Fax: 508-892-7213



The Starting Point Program  
21 Ives Street  
Worcester, MA 01603  
508-754-3006  
Fax: 508-754-2971

## Medication Disposal Form

I, \_\_\_\_\_, do hereby affirm that on \_\_\_\_\_  
(Name) (Date)

I properly disposed of \_\_\_\_\_ of the following medication: \_\_\_\_\_  
(Quantity) (Med name)

prescribed for \_\_\_\_\_  
(Client's Name)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

# Meal Plan

Mon

Tue

Wed

Thur

Fri

Sat

Sun

**Breakfast**

**Lunch**

**Snack**

**Dinner**

**Snack**

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
<b>Breakfast</b>							
<b>Lunch</b>							
<b>Snack</b>							
<b>Dinner</b>							
<b>Snack</b>							





HENRY LEE WILLIS COMMUNITY CENTER, INC  
119 FOREST STREET, WORCESTER, MA 01609

The Fresh Start Program

1601 MAIN STREET, BOX 399, LEICESTER, MA 01524 PHONE: (508) 892-1010 FAX: (508) 892-7213

NAME: **Medical Report**

D.O.B.:

D.O.A.:

DATE:	Physician Name, Address, and Phone	Complaint:	Diagnosis	Treatment	Follow-up
12/02/98	Eileen Rafferty, H.F.H.C. 279 Lincoln Street, Worcester (508) 792-8830	Initial exam, PRN sheet needs to be signed.	None	PRN sheed signed Albuterol inhaler added. 2 puffs as needed, every 4-6 hours. Currently on Zoloft 100mg, 1 capsule 2 x daily. Dexedrine 10mg, 1 capsule 2 x daily.	As needed.
12/08/98	Dr. Auster, BRC 324 Grove Street, Worcester (508) 831-0045	Unavailability of Dexedrine due to age.	D/C'd	D/C'd per Dr. Auster until scheduled appt. on 12/11/98.	
12/11/98	Dr. Auster, BRC 324 Grove Street, Worcester (508) 831-0045	Medication evaluation	Depression	Maintain Zoloft 100mg 1xdaily. Discontinue Dexidrine. Re-evaluate in 1 month.	1 month
12/14/98	Fresh Start Program 1601 Main Street, Leicester (508) 892-1010	Weight Maintenance	149 lbs.	N/A	1 month
01/03/99	Dr. LaBonte, H.F.H.C. 279 Lincoln Street, Worcester (508) 792-8830	Coughing, sore throat vomiting blood (phone consultation.	Possible throat irritation or ulcer, watch for continued symptoms.	If symptoms persist, contact Eileen Rafferty.	As needed
01/11/99	Eileen Rafferty, H.F.H.C. 279 Lincoln Street, Worcester (508) 792-8830	Coughing blood, sore throat, stomach pains.	Dry house cause of blood in mucus, stomach pains caused from menses; ear, nose, & throat all normal. No	1)Humidification in the house.2)Sudafed in AM as needed for congestion.3)Vaseline applied to nostrils	As needed

DATE:	Physician Name, Address, and Phone	Complaint:	Diagnosis	Treatment	Follow-up
01/29/99	Dr. M. Burdalis, H.F.H.C. 279 Lincoln Street, Worcester (508) 792-8830	1) Earache. 2) Urine test possible kidney infection.	signs of infection.  1) No sign of infection. 2) Eustachian tube dysfunction.	and/or Saline nasal spray. 4) Monitor menstrual cramps & bowel movements.  1) Ibuprofen PRN for pain. 2) PRN decongestant. 3) Continue with nasal spray.	As needed
3/3/99	Fresh Start Program 1601 Main St, Leicester, MA (508) 892-1010	Weight Maintenance	159 lbs.	N/A	1 month
	Dr. S. Auster 324 Grove St, Worcester (508) 831-0045	Medication review scheduled for 4/2/99	<i>Pending</i>	<i>Pending</i>	<i>Pending</i>

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Fax: 508-892-7213



The Starting Point Program  
21 Ives Street  
Worcester, MA 01603  
508-754-3006  
Fax: 508-754-2971

**Authorization for Medical and Dental PRN Medication**  
(to be filled out by Health Care Provider)

**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Tylenol Extra Strength 500mg, 2 tablets, by mouth, every 4-6 hrs, PRN for headache, pain or fever over 100 degrees.
- Ibuprofen 200mg, 2 tablets, by mouth, every 4-6 hrs, PRN for headache, pain or fever over 100 degrees if Tylenol not effective.
- Chlortrimeton, 1-2 tablets, by mouth, every 4-6 hrs, PRN for mild allergy/cold symptoms.
- Drixoral Regular, 1 tablet, by mouth, every 12 hrs, PRN for moderate to severe sinus congestion/cold symptoms. **For Night Time Only.**
- Drixoral Non Drowsy, 1 tablet, by mouth, every 12 hrs, PRN for moderate to severe sinus congestion/cold symptoms. **For Day Time Only.**
- Pepto Bismol 30cc, by mouth, every 6-8 hrs, PRN for upset stomach/nausea: Not to exceed 3 doses in 24 hr and/or 2 days.
- Imodium Liquid 30cc, by mouth, PRN, for diarrhea, may repeat one time with 15 ml. Dose after next loose bowel movement.
- Cough Suppressant (non-alcoholic) 5-10 ml., by mouth, PRN for cough.
- PPD within 30 days of admission unless documented evidence of test done within 1 year, results to be read in 48 hrs.

**Additional Comments/PRN Medication(s):**

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**Signature:** \_\_\_\_\_

**Health Care Facility:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## TUBERCULOSIS SUMMARY RECORD

NAME: LAST		FIRST	MIDDLE	ROOM #:	SOCIAL SECURITY #:	DATE OF ADMISSION: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MO DAY YEAR					
D.O.B: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MO DAY YEAR		RACE: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Employee <input type="checkbox"/> Resident	MED. RECORD #:	DEPARTMENT The Fresh Start Program	DATE OF EMPLOYMENT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MO DAY YEAR				
<b>BASELINE TESTING</b> Initial Skin Test:		DATE GIVEN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MO DAY YEAR Lot #: Expiration: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MO DAY YEAR Lot #: Expiration:		DATE READ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MO DAY YEAR  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MO DAY YEAR		REACTION <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No		SIZE <input type="checkbox"/> <input type="checkbox"/> mm  <input type="checkbox"/> <input type="checkbox"/> mm		WAS THERAPY RECOMMENDED? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	
SKIN TEST DATE	LOT #: EXPIRATION:	DATE READ	REACTION	SIZE	FOLLOW-UP						
				mm							
				mm							
				mm							
X-RAY (Date) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MO DAY YEAR		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		IF ABNORMAL:		HX OF PREVIOUS TB TREATMENT: Dates: <input type="checkbox"/> Infection <input type="checkbox"/> TB Disease					
X-RAY DATE:				DIAGNOSIS DATE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MO DAY YEAR							
X-RAY DATE:				<input type="checkbox"/> Active TB <input type="checkbox"/> TB Infection Without Disease							

<b>BACTERIOLOGY</b>				
<b>For M. Tuberculosis:</b>				
	Pos	Neg	Date Collected	Source
Microscopy	<input type="checkbox"/>	<input type="checkbox"/>		
Culture	<input type="checkbox"/>	<input type="checkbox"/>		

<b>For Active Tuberculosis:</b>	
Major Site of Disease: _____	
Case Reported to Health Department:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Report: _____	



# ENCOUNTER FORM

Name of Child \_\_\_\_\_

Date 

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m m d d y y

- | Purpose                              | Type  |
|--------------------------------------|---|
| <input type="checkbox"/> 001 Medical | <input type="checkbox"/> 001 Routine (Comprehensive)      |
| <input type="checkbox"/> 002 Dental  | <input type="checkbox"/> 002 Follow-Up (Problem Specific) |
|                                      | <input type="checkbox"/> 003 Other (Sick or Emergency)    |

If Routine Medical,  
was exam PGH or equivalent?  001 Yes  002 No  
are you a PGH provider?  001 Yes  002 No

Is follow-up needed?  001 Yes  002 No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dx: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rx: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

P  
A  
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C  
O  
P  
Y



**HENRY LEE WILLIS COMMUNITY CENTER, INC.**  
**THE FRESH START PROGRAM**  
**1601 MAIN STREET, P.O.BOX 399**  
**LEICESTER, MA 01524**

**PHYSICAL EXAM**

Name: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_  
 Exam Date: \_\_\_\_\_

Allergies: \_\_\_\_\_  
 Last Tetnus/Tine: \_\_\_\_\_

History:

Psychiatric Diagnosis:

Affect (confused, disoriented, hallucinative, passive, hostile, depressed, intoxicated)

Current Medications:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP. \_\_\_\_\_ Pulse: \_\_\_\_\_

			Normal	Abnormal	Comments
<b>Skin/Hair/Nails</b>					
Hydration/text/turgor					
Scars					
<b>Head</b>					
R.	L.	<b>EYES</b>			
		Lids			
		Conjunctive			
		Pupils			
		Ocular movement			
		Visual acuity c glasses			
		Visual acuity s glasses			
		Fundoscopy			
		<b>EARS</b>			
		Canals			
		TM's			
		Hearing incl. audiometry			
<b>Nose/Throat</b>					
Tongue					
Teeth					
Mouth/Dentures					
Periodontal & Soft tissue					
Tonsils					
Sinuses					
<b>Neck</b>					
Nodes					
Thyroid					
Cartoids					
<b>Vascular</b>					
<b>Breasts</b>					Self-Breast Exam Reinforced
Nipple					
Discharge					
Masses					
<b>Chest/Lungs</b>					
A/P Diameter					
Malformations					
Breath Sounds					
CVA Tenderness					



# Willis Center

Henry Lee Willis Community Center, Inc.

## Release of Medication

### Programs & Services

Administration  
508 • 799-0702

Channing House  
508 • 755-8088

Footsteps  
508 • 756-6238

Footsteps Too  
508 • 754-5307

The Fresh Start Program  
508 • 892-1010

Outpatient Department  
508 • 753-0321

HIV/AIDS Prevention  
& Education Outreach  
508 • 799-0702

Linda Fay Griffin House  
508 • 755-8990

Community Services  
508 • 799-0702

Shepherd's Place  
508 • 757-5198

The Starting Point Program  
508 • 754-3006

I, \_\_\_\_\_ do hereby acknowledge receipt of medication for  
Name of Social Worker

\_\_\_\_\_. Here is a list of what I received:

Client's Name

Medication Name and Quantity

Date

Medication Name and Quantity

Date

Medication Name and Quantity

Date

Social Worker's Signature

Date

Clinical Coordinator's Signature (or designee)

Date

The Fresh Start Program

1601 Main Street, P.O. Box 399, Leicester, MA 01524 • Phone: (508) 892-1010 • Fax: (508) 892-7213

www.williscenter.org

## **Appendix 3: Evaluations**

# Project Evaluation Sheet

Name/Position \_\_\_\_\_

*Please answer the following questions for the forms that you are familiar with.*

## **Filled Prescriptions form**

1. What are the positive aspects of the new form?

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2. What are the negative aspects of the new form?

---

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---

3. Do you think this new form will help or hinder the current medical documentation process?

---

---

---

## **Record of Medical and Dental Care form**

4. What are the positive aspects of the new form?

---

---

---

5. What are the negative aspects of the new form?

---

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---

6. Do you think this new form will help or hinder the current medical documentation process?

---

---

---

**Medication Exchange Sheet**

7. What are the positive aspects of the new form?

---

---

---

8. What are the negative aspects of the new form?

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---

9. Do you think this new form will help or hinder the current medical documentation process?

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---

---

## Project Evaluation Sheet

Name/Position KIM DANKINS / C.Q.I. DIRECTOR

Please answer the following questions for the forms that you are familiar with.

### Filled Prescriptions form

1. What are the positive aspects of the new form?

ONE FOR EACH RESIDENT AS OPPOSED  
TO ONE SHEET FOR ALL SCRIPTS. EASIER  
TO TRACK MEDICATION(S) & CHANGES PER RESIDENT.

2. What are the negative aspects of the new form?

16 SHEETS TO FILE (16 CLIENTS) AS  
OPPOSED TO ONE SHEET FOR ALL.

3. Do you think this new form will help or hinder the current medical documentation process?

DEFINATELY HELP!

### Record of Medical and Dental Care form

4. What are the positive aspects of the new form?

COMBINING (3) FORMS INTO ONE -  
EXCELLENT IDEA - DON'T KNOW  
WHY WE DIDN'T THINK ABOUT IT!

5. What are the negative aspects of the new form?

POSSIBILITY OF STAFF FORGETTING TO  
CIRCLE THE APPROPRIATE SERVICE  
IDENTIFIER.

6. Do you think this new form will help or hinder the current medical documentation process?

DEFINATELY HELP!

Medication Exchange Sheet

7. What are the positive aspects of the new form?

MORE SPECIFIC W/ YES/NO ANSWERS

8. What are the negative aspects of the new form?

NONE

9. Do you think this new form will help or hinder the current medical documentation process?

Help!

LIZ HAS DONE A TREMENDOUS JOB AND I'M VERY GRATEFUL FOR HER INVOLVEMENT AND DEDICATION. SHE HAS COME UP WITH SOME VERY EFFECTIVE & CREATIVE SOLUTIONS TO ON-GOING DOCUMENTATION PROBLEMS.

LIZ EXHIBITS CLEAR-THINKING, SUPERIOR PROBLEM-SOLVING AND GREAT ORGANIZATIONAL SKILLS.

WELL DONE!



## Project Evaluation Sheet

Name/Position SONIA BAKUN / Medical Coordinator

Please answer the following questions for the forms that you are familiar with.

### Filled Prescriptions form

1. What are the positive aspects of the new form?

less papers more simplified

2. What are the negative aspects of the new form?

NONE

3. Do you think this new form will help or hinder the current medical documentation process?

THIS should help staff and cut down on medication sign off errors

### Record of Medical and Dental Care form

4. What are the positive aspects of the new form?

more simplified / easy to read

5. What are the negative aspects of the new form?

NONE

6. Do you think this new form will help or hinder the current medical documentation process?

help the documentation process

**Medication Exchange Sheet**

7. What are the positive aspects of the new form?

*Simple and easy to read less  
writing in book*

8. What are the negative aspects of the new form?

*NONE*

9. Do you think this new form will help or hinder the current medical documentation process?

*Help*

## Project Evaluation Sheet

Name/Position TARA SPRENGER CLINICAL COORDINATOR

Please answer the following questions for the forms that you are familiar with.

### Filled Prescriptions form

1. What are the positive aspects of the new form?

EASIER HAVING ONE FORM FOR EACH RESIDENT  
EASY TO READ.

2. What are the negative aspects of the new form?

NONE

3. Do you think this new form will help or hinder the current medical documentation process?

SHOULD MAKE DOCUMENTATION EASIER AND CLEARER

### Record of Medical and Dental Care form

4. What are the positive aspects of the new form?

LESS TIME CONSUMING, EASIER FOR DOCUMENTATION, MORE  
CONSISTENT, LESS FORMS

5. What are the negative aspects of the new form?

NONE

6. Do you think this new form will help or hinder the current medical documentation process?

THIS WILL BE A GREAT HELP, LESS CHANCE OF CONFUSING  
DOCUMENTATION (3 FORMS IN PAST)

**Medication Exchange Sheet**

7. What are the positive aspects of the new form?

CHECK LIST WILL BE MORE HELPFUL FOR STAFF TO ENSURE  
PROPER ADMINISTRATION / DOCUMENTATION.

8. What are the negative aspects of the new form?

NONE

9. Do you think this new form will help or hinder the current medical documentation process?

BIG HELP IN AVOIDING ERRORS IN ADMINISTRATION AS  
WELL AS DOCUMENTATION.

## Project Evaluation Sheet

Name/Position ANDRE OFFICER, SHIFT SUPERVISOR

*Please answer the following questions for the forms that you are familiar with.*

### Filled Prescriptions form

1. What are the positive aspects of the new form?

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2. What are the negative aspects of the new form?

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---

---

3. Do you think this new form will help or hinder the current medical documentation process?

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---

### Record of Medical and Dental Care form

4. What are the positive aspects of the new form?

ITS ALL ON ONE FORM, LESS PAPERWORK.

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5. What are the negative aspects of the new form?

WOULD LIKE TO HAVE A TRAINING ON THE NEW FORMS.

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6. Do you think this new form will help or hinder the current medical documentation process?

HELP MOST DEFICIENTLY.

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**Medication Exchange Sheet**

7. What are the positive aspects of the new form?

*MORE CONDENSED AND LESS ROOMY  
FOR ERROR.*

8. What are the negative aspects of the new form?

*NONE RIGHT NOW*

9. Do you think this new form will help or hinder the current medical documentation process?

*WILL HELP ALOT.*

# Project Evaluation Sheet

Name/Position Jessie Ducharme

Please answer the following questions for the forms that you are familiar with.

## Filled Prescriptions form

1. What are the positive aspects of the new form?

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---

2. What are the negative aspects of the new form?

---

---

3. Do you think this new form will help or hinder the current medical documentation process?

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---

## Record of Medical and Dental Care form

4. What are the positive aspects of the new form?

I won't have to differentiate each form  
or wind up with the wrong one

---

---

5. What are the negative aspects of the new form?

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---

6. Do you think this new form will help or hinder the current medical documentation process?

Help

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**Medication Exchange Sheet**

7. What are the positive aspects of the new form?

It is more to the point and will help  
me pay attention to things I sometimes  
overlook

8. What are the negative aspects of the new form?

Might take longer

9. Do you think this new form will help or hinder the current medical documentation process?

Help