Concurrent Documentation

TRAINING MANUAL

For Agency Staff

Concurrent Documentation
Agency Staff Training – August 23, 2007
Midwestern Colorado Center for Mental Health

What is Concurrent Documentation?

Concurrent Documentation (CD) is a model of documenting the session content and process with the consumer/family "at the same time" the consumer/family is still present in the session with the service provider. Basically it involves incorporating an active discussion at the end of the service encounter and documenting the information provided in the Electronic Clinical Record (ECR).

CD allows the service provider to confirm with the consumer/family in a proactive manner:

- The goals and objectives addressed during the session
- The therapeutic interventions provided by the service provider
- Their feedback regarding progress made and an indication of their perceived benefit of the service.

In addition, this practice is an appropriate extension of the therapeutic interaction. It serves to focus the client/family on what just occurred in the session as well as their next steps in the process of recovery and resiliency.

This is a shift from the traditional but ineffective documentation model in which direct care staff writes a "private" note between themselves and the chart at some time after the session has finished. With CD, when the "client's hand touches the door to leave," the clinical work and documentation are complete (unless several minutes after the client has left is needed to complete the documentation).

Learning Objectives

1. Participants will be able to describe the clinical and administrative advantages of CD.

2. Participants will be able to describe working methodologies and helpful mechanisms for using CD.

3. Participants will be able to describe appropriate and inappropriate situations for use of CD.

4. Participants will apply methods of CD to simulated situations and scenarios.

Why is the MHC adopting and implementing Concurrent Documentation?

Because this reflects a growing trend in sound and effective behavioral health care practice, the MWCMHC management is having the entire agency move forward to adopt and consistently use this model.

This Concurrent Documentation model will:

- Set a standard among all staff to assure documentation is complete, consistent, and compliant.
- Involve consumers/families in the therapeutic process and recording of session content and process (review, feedback, description, insight).
- Ensure greater content accuracy b/c of reduced time between actual service and writing the progress note.
- Positively impact staff by
    1. Reducing anxiety b/c of being behind in documentation
    2. Increasing staff morale and job satisfaction
    3. Enhancing staff quality of life and collective well-being
    4. Reducing staff burn-out/turnover rates
    5. Allow the agency to service an increased number of consumers/families
- Ensure compliance concerns with state and federal standards.

Hurdles to Overcome to Implementing Concurrent Documentation

1. Integration with current (Qualifacts) or new Electronic Case Record (ECR) program

2. Consumer and staff anxiety and resistance to change

3. Staff training needs

4. Facilities adjustments

5. Not lagging with follow-up and agency-wide implementation

The Concurrent Documentation Pilot Project

During a six (6) week period from June 11- July 20, 2007, eleven MHC clinicians and case managers were trained and participated in a pilot project that introduced two new models together: **Concurrent Documentation** and a **Clinical Formulation Model**. In addition to the description of Concurrent Documentation noted above, the Clinical Formulation model set a list of standard criteria that should be covered in Assessments and each DAP Note to achieve completion, consistency and compliance. The agency wants to ensure that the "Golden Thread" of "medical necessity linkage" is established and carried through in each consumer/family's ECR.

Each pilot project participant took stock of their offices and identified modest physical changes (furniture, longer cords, rearrangement of room configuration, etc.) that would enhance model adoption and usage during the pilot. The participants implemented these two models with their clients and client case files were monitored to examine the effects of these two models on practice. Pilot projects received positive support from both their program supervisors and the pilot project manager. Two peer support groups were held to discuss and refine the pilot project process as it evolved. Feedback from both client and clinician was also obtained to evaluate how this process impacted client and service provider.

Written Feedback Results of Pilot Project

Each pilot participant was asked to have 3-4 consumers complete feedback forms at the beginning middle and end of the project. Unfortunately, the follow-through on this was poor and we received only a sampling of twelve (12) consumers). When asked to rate the process on a Likert scale, the following results were given:

1. Not Helpful - 0
2. Somewhat Helpful - 1
3. Neutral - 1
4. Helpful - 6
5. Very Helpful - 4

Consumer feedback t o the question - "What was/was not helpful about Concurrent Documentation?"

- 6 consumers said reviewing of issues covered, goals and progress was helpful.
- "Knowing what changes my therapist notes."
- "To visually see what accomplishments I've made and what I am doing to achieve more of my sobriety goals."
- "My therapist has helped me reach my goals and go beyond. I am feeling so much better about myself and controlling my pain."
- "This was very good to work with my counselor in keeping my goals. I wouldn't change anything with this process."

- Client explained that she is processing information better and that she appreciates being a part of the process and knowing what goes on in her notes."
- "It's good to reinforce that we both recognize the key points of the session. Helpful to set goals to work on before the next appointment."
- Helpful to clarify thinking and goals and keep my mind on possibilities instead of limitations, I know the counselor and I are on the same page."
- "The time taken to complete the process."
- "As long as it doesn't take too much time from the session."

<u>Consumer feedback to the statement - "If there was one thing I could change about this process, it would be…"</u>

- "I don't know."
- "I do not have enough information yet (for this question)."
- 5 consumers said "Nothing."
- "Would not change anything with this process."
- "I'm satisfied with it."

<u>Oral and written service provider feedback to the question - "What was/was not helpful about Concurrent Documentation?"</u>

- "Prior to the study, I asked clients what they thought we worked on in the session. With CD, clients are more aware what content of the session is documented and they know that we agree on the session content/outcome."
- "It was helpful to use this process with a client and to have them feel like they have a greater say in the paperwork. And to get the paperwork done right then, and not have it build up."
- "It was quite difficult to do CD with my clients. Those that I did succeed at it with, CD seemed to help to recap the session and point out clearly to the client where the client was having difficulty. In some ways I think CD could be useful."
- "Turning away from the client."
- "The thing that is weird is to try to still make the notes clinical while including the client in doing each part."
- "...it is just going to take some time to make changes...creature of habit...but I think this will be beneficial all the way around. I did like the suggestion of speaking to the client one week and maybe instituting the plan in the next session…less shock to both therapist and client."
- "I rarely see clients at home or in the community and not many places have WiFi in Nucla, Naturita, or Norwood. I can use Word instead in those situations. The one exception will be when I'm in the jail, because they don't even let me take in my keys let alone a laptop, I will just write my notes after leaving the jail."
- "We spoke on Monday about what set up would be most useful in the group settings for CD, and (one staff) had a good idea. Rather than a lap top which is cumbersome to actually hold and work on your lap, why not consider a regular

computer with a flat screen and a wireless keyboard. I think they are called infra red keyboards. If the flat screen were large, say 17", it could also be used to show DVD and power point presentations. But with the wireless keyboard, we could stay in the group and still see the screen from across the room."

- "I think concurrent documentation works reasonably well with groups of six or less clients. I am still concerned that with our larger groups concurrent documentation will cut into group time substantially. I know there has been discussion of the clinician marking the group roster and having the group participate in writing the session content then writing DAP notes from paper prompts completed by each client before they leave the group. I think this makes more sense for larger groups."

<u>Oral and written service provider feedback to the statement - "If there was one thing I could change about this process, it would be…"</u>

- "CD was not helpful in that I get a lot of my insight into the client and his/her behavior as I reflect when writing the Assessment part ("A" of the DAP Note). It is extremely difficult to do this while the client is sitting with me. This is the one area I would change: time to assess and write the assessment after the session, and perhaps discuss this with the client in the next session."
- "Changing the set-up of the office to allow me to look at the client while talking with them and writing the note."
- "Have an easier way to do CD while on the phone, which hopefully will be facilitated through the (telephone) headset.
- "Also having a good way to do CD in groups."

Benefits of Concurrent Documentation

To the Consumer:

- Involves the consumer in the therapeutic process and recording of session content and process (review, feedback, description, insight).
- Empowers the consumer to know and determine the course of clinical assessment, interventions and progress of therapy.
- Real time feedback will increase the consumer's buy-in to therapy.
- Cutting out-of-session documentation time results in increased hours per clinician per year for direct service, thus serving more consumers and families.

To MWCMHC Staff:

- Because clinicians will clarify their impressions and therapeutic interventions by putting them into words in front of the consumer, this enhances the therapeutic value of the service/session.
- Ensures greater content accuracy because of reduced time between the actual service and writing the progress note.
- Eliminates the staff's "treadmill" of always having to catch up on documentation of services, that is, to keep paperwork timely and accurate.
- Can save up to 8 hours per week (or 384 hours per year) in documentation time.
- With increased time availability, this allows clinicians to be less anxious about accepting and seeing more consumers on their caseload at any one time.
- According to some studies, an organization's conversion to CD is accompanied by a drop of up to 25% in staff sick time usage
- Less anxiety and stress to direct service staff would result in enhanced morale greater job satisfaction, and improved quality of life and sense of well-being.

To the Agency:

- Sets a standard for clinical formulation among all staff to assure documentation completeness, consistency, and compliance with all applicable state, federal and accreditation standards.
- Increased documentation compliance would lower likelihood of paybacks via OIG audits
- Staff's increased availability could help service clients with other payor sources and/or a larger penetration rate of Medicaid clients.
- Increased staff morale and enhance quality of life would reduce staff burn-out and turnover rates.

Initially Introducing Concurrent Documentation to the Consumer/Family

From the very first session with a new consumer/family, or starting with the next session for an already active consumer/family, it is important for the therapist to take a few minutes to discuss the consumer/family's role in treatment, including creating an accurate record of progress and problem areas. If they understand why this is important, and that they are an integral part of the process, they are more likely to concur with, then participate in the practice of concurrent documentation and not feel uncomfortable or upset by it.

You will need to develop your own "script" of what to ***initially*** say to the consumer family to introduce the ensuing practice of concurrent documentation.

Your script should include the following items:

1. The actual term "concurrent documentation."

2. Explain this term - this is a team effort between client and service provider to create a record that documents the session content and process "at the same time" with the consumer while he or she is still present in the session with you.

3. Frame it more as an "invitation" to their participation in treatment rather than a "requirement."

4. Explain that you will be reviewing the following things as you document:
   - The goals and objectives addressed during the session
   - The therapeutic interventions provided by the service provider
   - Their feedback regarding progress made and an indication of their perceived benefit of the service.

5. Enumerate the benefits to their participation in this way (See benefits of Concurrent Documentation – To the Consumer/Family on page 7).

PLEASE NOTE:

Please use positive terms in this script. Do not apologize for the process or say something like "The agency is making me do this." This only serves to undermine the CD process, the therapeutic value of CD, and ultimately the therapeutic relationship

Concurrent Documentation with the Consumer/Family in the Session

Your Attitude

View this not as a trial, but as an essential element of the therapeutic process that you are learning to integrate into and consistently use in all of your direct service sessions.

Setting routine is one of the best ways to get into habit. One said if you are keep doing one thing on a scheduled time for 21 days continuously, you will able to get it into your habit

"For the things we have to learn before we can do them, we learn by doing them."

Aristotle

You can maintain a POSITIVE ATTITUDE about this change in practice by focusing on the benefits to your clients, yourself and this agency.

Time Usage

Direct service providers can use the first 45 minutes for the formal therapeutic encounter and appropriately conclude the formal session. The service provider can then shift the focus in the last 10 to 15 minutes of the hour to the interactive process of documenting the service with the consumer/family present.

The consumer/family MUST be present in the session in order for "concurrent" documentation to occur. If the client(s) leaves the session, the documentation efforts do not constitute a therapeutic interaction with the client(s) that can be included in the total length of the service encounter.

Transitioning to CD In the session

1. Use the traditional "wrap up" at the end of the session to try and transition to the documentation. This is something that many clinicians are used to doing as they try to synthesize what was done during the session and bring some closure to the process. You might say "We're getting close to the end of the session. Let's stop here and review what we talked about." The only difference is that instead of just doing a verbal recap, or writing it down on paper, it's done directly on the computer ECR.

2. Some introductory phrases to transition into documenting the service might be

- "***We're getting close to the end of the session. Let's stop here and review what we have discussed."***
- ***"It's time to wrap up this portion of the session. Let's move onto documenting our session together."***
- ***"Now let's work together to document the important accomplishments (ideas, work , etc.) that we have done here today."***
- ***"What you shared is important. I want to capture this information."***

3. It may not always be practical to write during the "*meat" of* a session, especially for a clinician who has a hard time with typing or writing quickly. This is why waiting until the last few minutes of the session to "wrap up" the session in writing with the client may be a good idea. The therapist can jot down by hand some thoughts that they want to remember and then transition that to the computer as they wrap up. As David Lloyd says, letting the client know that what they say is so important that you want to write it down can be a nice way to help the client understand and get comfortable with the process of you jotting down info during the session, whether by hand or on the computer.

4. Use you best judgment, discretion and trial and error. The CD technique will vary from staff to staff based on what works best for each individual direct care staff. It will be up to the clinician to set parameters as with any "wrap up"/summarizing activity. The clinician must be able to judge how much time is needed for this type of activity based on the individual client's level of functioning. Examples are

    - With a client who is very manic and has a hard time keeping to the subject, the therapist might choose not to do concurrent documentation because it might take more time and be less effective.
    - When working with a client who is very high functioning, the documentation may only take about 3 minutes.
    - Practicing with different types of clients will ultimately help the clinician to decide on time frame. If the session starts to run over, then the therapist might suggest that they need to quickly finish the wrap up, or stop where they left off and the therapist will have to do it when the client leaves. The therapist can invite the client to review the rest of the note at the next visit.
    - If new info comes up while doing this at the end of the session, then as with any session, the clinician must make a judgment as to whether that information can wait until the next session or needs to be discussed immediately (as in suicidal talk).
    - There may be clients who do have a hard time with it from time to time. If someone is very upset or in crisis, it might not be possible to adhere to this process.