

QI CONNECT

Quality Improvement (QI) Monthly Newsletter

August 2013



MYTH: NEVER SCAN A CPS/APS REPORT INTO AVATAR

One of the more commonly repeated myths we hear in QI is "never" scan a Child Protective Services (CPS) or Adult Protective Services (APS) report into Avatar. As part of the myth, we have heard that staff are told to keep the paper copies of the charts in "ghost" files locked up somewhere "safe." The reason often presented for not scanning a CPS/APS letter is to prevent divulging to a client that Behavioral Health made a report when the client makes a records request from QI.

FACT: CPS/APS SHOULD BE SCANNED INTO AVATAR

It is QI practice not to provide CPS and/or APS reports to clients. As part of responding to a records request, QI staff will pull CPS and/or APS reports from the packets provided to clients. Scanning CPS and APS reports into Avatar is critical to the completeness of the health information records and also

functions as proof that the individual service provider, their team, and Behavioral Health fulfilled their legal mandates and ethical obligations. Having an incomplete health record due to the CPS and APS report not being scanned into Avatar may lead to confusion whether or not the legal mandates were met, often leading to repeating the process of filing a report. In addition, "ghost" files can be misplaced, lost, or destroyed and this leads to the possible loss of any proof that the individual practitioner fulfilled their legal obligation, especially in cases of legal action such as lawsuits or licensing board hearings.

SCANNING CPS/APS REPORTS INTO AVATAR

For staff scanning CPS and APS documents into Avatar, please use the following category in the document scanning form.

If you have any questions regarding the process of scanning the CPS/APS documents into Avatar, contact the QI team.

MCBH WEBSITE

The MCBH website, <http://www.mthd.org/BH>, is constantly being improved to make it easier to use and more helpful to the community.



If you have any suggestions on how to improve the website or ideas of what we should add, contact [Rosa Marchebout](#) in the QI Team.



SMOKING CESSATION

The startling statistics on smoking and mental illness is that 40% of adult men and 34% of adult women with mental illness smoke tobacco. Equally as startling is the research finding that adults with mental illness smoke 31% of all cigarettes.

There are many health benefits to quitting tobacco smoking. These benefits include a decrease in the rate of heart attacks, stroke, tobacco smoking related cancers, and other tobacco smoking related diseases. We believe that is important to educate our clients regarding these benefits. As a first step in starting the dialogue regarding the benefits to tobacco smoking cessation with every client, there is a smoking status question on the Admission form in MyAVATAR. By asking every client at admission regarding their tobacco smoking status, Monterey County Behavioral Health (MCBH) begins addressing one of the "5 A's" for tobacco cessation interventions outlined by the Surgeon General's Office.

The "5 A's" are:

- ASK** - every person if they smoke
- ADVISE** - deliver a clear and strong message urging tobacco users to quit (health benefits)
- ASSESS** - readiness to quit
- ASSIST** - individuals interested in quitting
- ARRANGE** - follow up visits to encourage their decision to quit

To find out more the "5 A's", [click here](#). Also, be on the lookout for additional smoking cessation educational information and training opportunities for smoking cessation group facilitation.

If you have a client ready to quit now, please provide them with the California Smokers' Hotline website, <http://www.nobutts.org/index.htm>, or telephone number, 800-662-8887, for immediate support and resources.

2012 IMPROVE QUALITY (IQ) REPORT

QI operates with the perception that data is a key tool to developing action steps to improve our mental health system of care. As part of QI's efforts to utilize data for improvement of our services, QI produces the Improve Quality (IQ) Report, which is meant to review data relating to MCBH's key performance indicators.

[Click here](#) to view the full 2012 IQ Report. Below are some examples of the information contained in the IQ Report.

2012 IQ REPORT: POST HOSPITALIZATION SERVICES DATA

What is the timeliness of services provided post-hospitalization?

A key performance indicator for mental health service delivery is the response to clients after a crisis event or hospitalization. Appropriate and timely follow-up care helps reduce the risk of repeat hospitalization and may identify those in need of further hospitalization before they enter a crisis point. A nationally recognized best practice involves follow up with a client within 7 days after a crisis event or hospitalization.

In 2012 there were a total of 716 individual clients admitted to 1,002 inpatient hospital admissions.

Of the 1,002 inpatient hospital admissions 51% received some type of follow up service. Of the clients that received services after discharge:

- 46% received a follow up behavioral health visit in less than 7 days
- 34% received a service in more than 7 days after discharge.

49% of our inpatient hospital admissions did not receive any type of follow up services at all.



236 received services within 7 days of discharge
175 received services more than 7 days after discharge
496 received no type of services

The acute events reflected in this data involve hospitalizations at the Inpatient Treatment Unit at Natividad Medical Center, Medi-Cal Hospitalizations at Community Hospital of the Monterey Peninsula and in and out of county hospitalizations of Monterey County residents with medi-cal.

Breakdown of Adults: Of the 678 adult inpatient admissions 406 received services after discharge - 60%

Breakdown of Children: Of the 124 children inpatient hospital admissions 105 received services after discharge - 84%

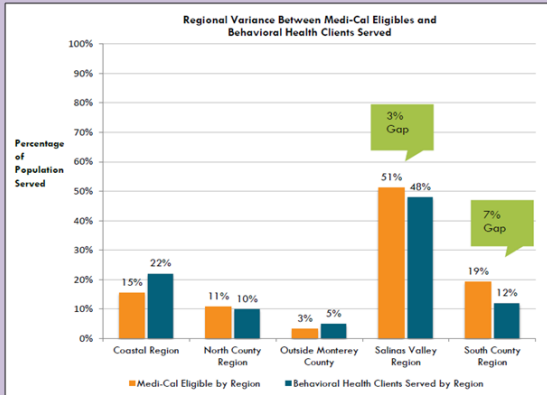


Goal: Increase the percentage of individuals who receive services after a psychiatric hospitalization within 7 days (blue people)

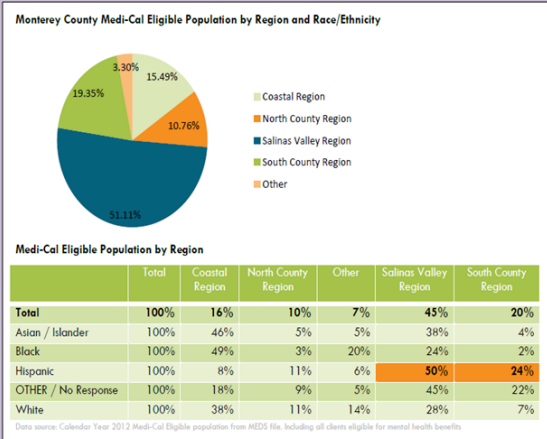
2012 IQ REPORT: POST HOSPITALIZATION SERVICES DATA

Viewed in conjunction, the data represented by the graph, chart, and table below indicates the need for Behavioral Health to increase the engagement of the Medi-Cal eligible Hispanic population.

The graph below shows the Medi-Cal eligible population for the calendar year 2012 and the Behavioral Health Clients served during this year.



The chart and table below represent the Medi-Cal eligible population in terms of region and race/ethnicity.



August/September 2013 QI Trainings

CANS/ANSA Certification

This is a lecture/discussion/experiential training that introduces and explores the principles and philosophies underlying the Child and Adolescent Needs and Strengths (CANS) & Adult Needs and Strengths Assessment (ANSA) tools and provides an in-depth review of how to utilize them. The CANS and ANSA are multi-purpose tools developed to support decision making, including clinical level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Attendees will complete and submit a sample CANS and/or ANSA at the end of the training in order to receive certification.

CANS/ANSA Certification training will be offered on August 8. [Click here](#) to sign up!

MyAvatar User Training

This course is an introduction on how to navigate and use the MyAvatar Electronic Health Records system. Organized in a way that follows a client from admission to discharge, the course offers training on how to log in to Avatar, search for clients, search for the various forms and reports available and enter pertinent clinical information into the various forms in MyAvatar.

MyAvatar User Training will be offered August 16 and September 12. [Click here](#) to sign up for the August 16th session. [Click here](#) to sign up for September 12th session.

Clinical Documentation Overview

The Clinical Documentation Overview training is a lecture/discussion exploring the principles and philosophies underlying Monterey County Behavioral Health's (MCBH) clinical service delivery and documentation. This training is also designed to provide an overview on how to formulate the content of MCBH clinical documents, such as psychosocial assessments, treatment plans, and progress notes. The MCBH Quality Improvement (QI) Team believes that the information in this training is foundational in terms of how MCBH and its community partners should provide services to clients and how to complete clinical documentation.

Clinical Documentation Overview training will be offered on August 27th. [Click here](#) to sign up!

Clinical Progress Note

This training explores the clinical importance of the clinical progress notes. It examines the "FIRP" format of writing notes utilized by Monterey County Behavioral Health and how it is used to document the variety of services we provide. This training will include in-depth review of sample progress notes and will also provide a "hands on" opportunity for participants to complete progress notes based on vignettes and receive direct feedback from the trainers.

The next Clinical Progress Notes training will be on September 16. [Click here](#) to sign up!

Client Centered Treatment Planning

This lecture/discussion explores the connection between the information in the psychosocial assessment and the content of the treatment plan. More specifically, this training provides an overview regarding how to formulate the clinical summary component of the psychosocial assessments and then how to translate the information into writing a client-centered treatment plan. This course will involve participants developing clinical summaries and using them to create treatment plans.

Client Centered Treatment Planning will be offered on September 25. [Click here](#) to sign up!

