



THE FLORIDA LEARNING SYSTEM

April 2009

Volume III / Issue 7

National Partners

Substance Abuse & Mental Health Services Administration



Center for Substance Abuse Treatment



Florida Partners

Department of Children & Families, Substance Abuse Program Office

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THE CENTRE FOR WOMEN PROJECT RECOVERY

STATE AIM: Reduce the Time from First Contact to Assessment

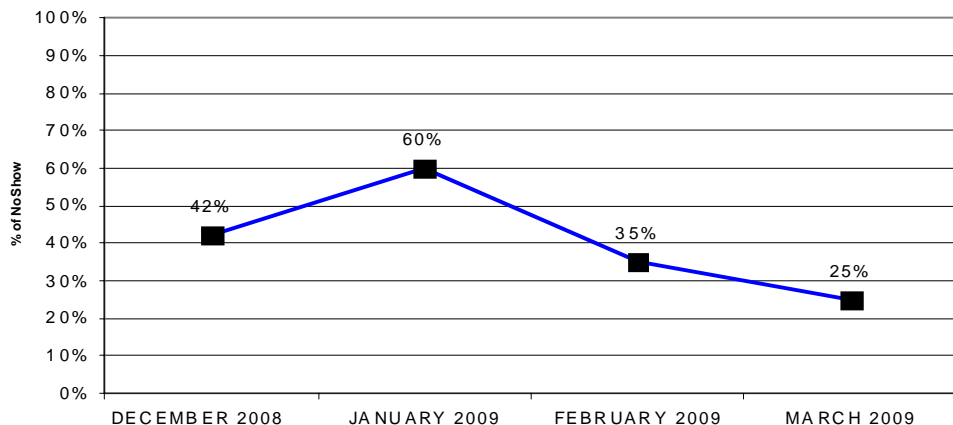
Reduce the No Show Rate

When the Centre for Women began their STAR-SI project it was noted that the wait time for an appointment was over 3 weeks. Frequently women did not show up for their initial assessment. As a part of their walkthrough, staff noted that “we made the initial appointment over the phone to do the walk through we realized that too many intrusive questions were being asked. We felt that this might have made the consumers more anxious about coming for their appointments.” Additionally, the change team felt that the front desk staff could be more welcoming over the phone and on the initial visit.

Some of the innovative changes initiated by this team included reducing the number of questions asked over the phone during the screening process, re-train the front desk staff, and establish an open (no appointment) assessment day on Fridays. The change that most significantly reduced the “no-show” rate was the open assessment day.

These changes resulted in an increase of women keeping their appointments and entering treatment we have been successful in drawing down our monies from all our funding sources and will be able to look at additional ways to increase our revenue.

The Centre for Women
Reducing no-shows for Assessment



The team has learned that:

- It is important to collect good baseline data;
- Have meetings more often and less time between rapid change cycles;
- It is good to have members of the Team that are not program staff as it brings a different perspective when addressing the aim;
- The changes not only improve services for the consumers but it effects staff, and you need their buy in; and
- When making changes in one area it may effect another area that you might not have expected, but ultimately it will improve the delivery of services overall.

Mission: This newsletter is designed to share information, findings, resources and lessons learned from two state-wide partnership practice improvement initiatives.



Strengthening Treatment Access and Retention - State Implementation (STAR-SI)

The Sky's the Limit

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Partners

Year One

★ Drug Abuse Comprehensive Coordinating Office (DACCO)
Tampa

★ Lakeview Center, Inc.
Pensacola

★ Manatee Glens Corporation
Bradenton

★ Meridian Behavioral Healthcare
Gainesville

★ Stewart-Marchman Center
Daytona Beach

Year Two

★ A.C.T.S.
Tampa

★ Family Resource Center
Miami

★ Gateway Community Services
Jacksonville

★ Harbor Behavioral Health Care
New Port Richey

★ Jackson North Community Mental Health Center
Miami

★ LifeStream Behavioral Center
Leesburg

★ The Village
Miami

Year Three

★ Bayview Center for Mental Health
Miami

★ The Centre for Women
Tampa

★ Coastal Behavioral Healthcare
Tampa

★ Drug Abuse Treatment Association (DATA)
Jupiter

★ River Region Human Services
Jacksonville

★ Sutton Place Behavioral Health
Yulee

★ Tri-County Human Services
Lakeland

REAL-TIME CONCURRENT DOCUMENTATION

*Contributed by: Rosa West, Ph.D., LMHC
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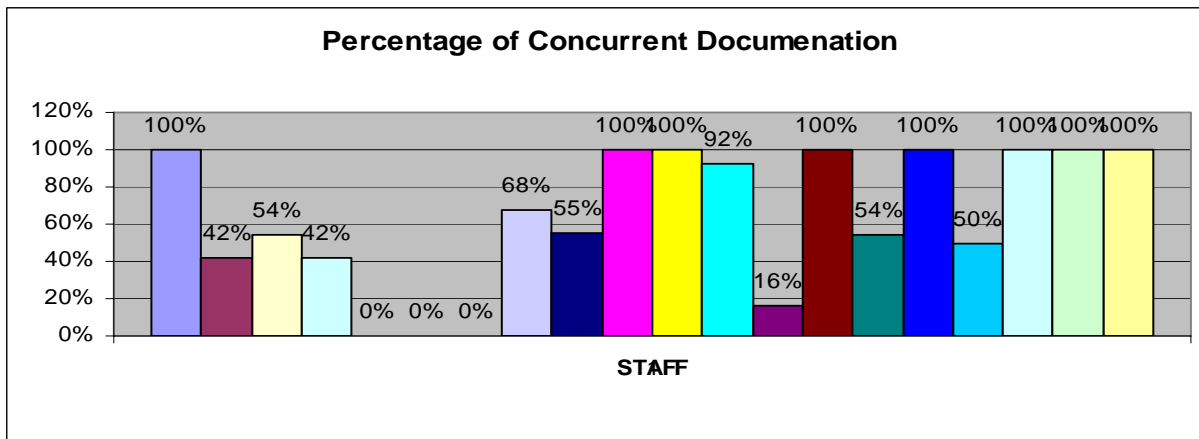
Meridian Healthcare, Inc. in Gainesville participated recently in a project with Mental Health Corporations of America, Inc. (MHCA) in a collaborative effort to improve the quality of health care for individuals with mental and substance use conditions. Meridian's identified aim was efficiency and, in anticipation of our Electronic Health Record (EHR), we redesigned our clinical practices to take full advantage of the real-time online capabilities of MEHR, which allows clinicians to do in session documentation (concurrent documentation). Clinicians frequently reported being overwhelmed by the amount of documentation required and the inordinate amount of time needed for paperwork completion. Concurrent documentation addressed this issue in that it promotes more efficient use of time and aids in consumer-centered treatment.

Concurrent documentation is a process by which consumers participate in the service documentation content as a review of the discussion/session which has taken place with the clinician. Documentation is completed by the end of the session and is part of the service delivery time. Concurrent documentation increases efficiency, fosters timely documentation, and increased engagement of consumers in the therapeutic process. Our clinics participated in a series of Rapid-Cycle Change cycles aimed at integrating Real-Time (Concurrent) Documentation into our approach to conducting clinical work.

The interventions used were implemented sequentially and included:

1. Training on Real-Time Concurrent Documentation
2. Division of staff into competing teams
3. Information sharing on incorporated concurrent documentation strategies
4. Individual results charted on spreadsheet and shared with all staff
5. Weekly monitoring of concurrent documentation by staff's supervisor
6. Gift certificate incentive for most improved.

We looked across staff (per location) and graphed their use of concurrent documentation from week to week. These results were shared with staff so all could track the progress of their individual clinics.



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...More About the Florida Learning System

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Networks

Central Florida Behavioral Health Network

Northeast Florida Addiction Services

South Florida Provider Coalition

Peer Mentors

Angie Maldonado
The Center for Drug-Free Living

Kevin Lewis
Chrissy DeWerff
Southwest Florida Addiction Services

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The Harbor Behavioral Healthcare

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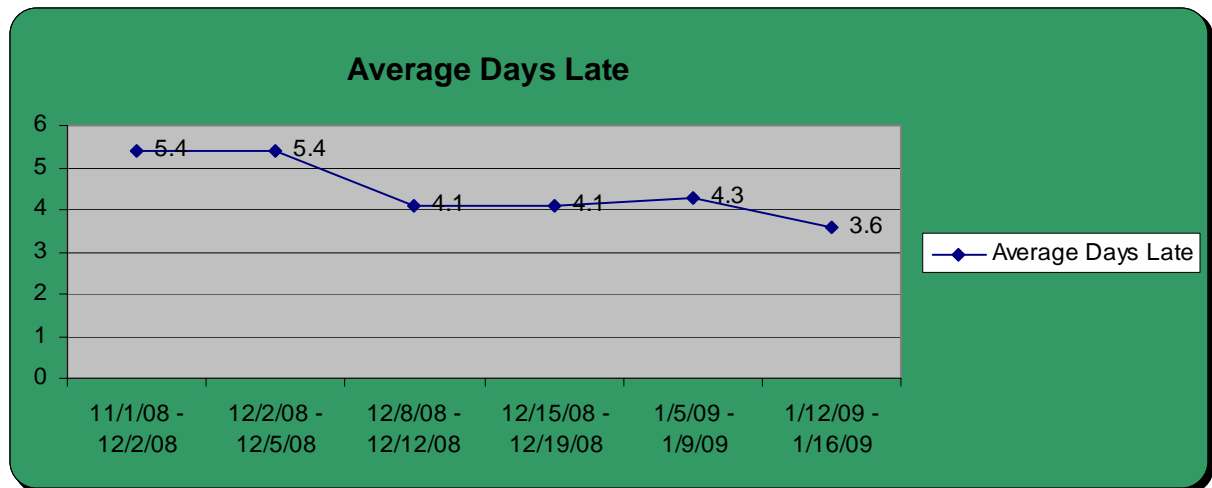
State Coach

Dr. Pauley Johnson
NIATx

(cont.) Staff were also asked to share their experiences with concurrent documentation to help others in incorporating this practice. One clinician commented, “it saves time and gets the paperwork completed so that you don’t have to finish any paperwork when the client leaves”. She went on to state that it “lets the client be a part of the process”. This practice ensures documentation is accurate and reduces consumers waiting time for service.

Initially, some staff were resistant to the new process. They expressed concern that concurrent documentation would be uncomfortable and impersonal for the client, and that the staff would be uncomfortable completing the documentation while in session with a client. As a result of these concerns, we provided the staff with actual responses from the clients regarding concurrent documentation and examples of how they experience concurrent documentation in their real life (i.e., doctor’s office visit, restaurants).

We evaluated the success of concurrent documentation by determining the percentage of staff utilizing the new process as well as the average number of days that required client documentation was late. Staff participation in the project was increased from the baseline of 30 percent to 81-94 percent by the end of the project. The average number of days late was reduced from 5.4 to 3.6.



(Clinical Documentation)

The change cycle that yielded the most improvement was making the concurrent documentation a requirement by the agency. We continue to sustain these results by tracking late submissions of clinical notes and encouraging staff to show improvement on their efficiency, which will result in the use of concurrent documentation becoming an ingrained value across the organization!

Dr. West will be presenting more on Making the Move to Electronic Records at the FADAA Annual Conference, August 12-14 in Orlando.

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