



AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Collaborative Documentation: Reducing the Time Burden for Clinical Documentation

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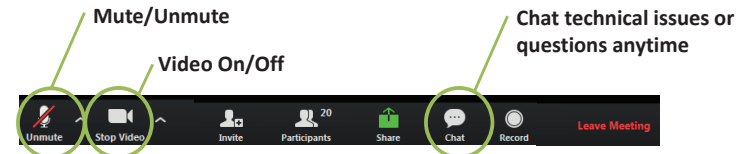
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Zoom Housekeeping

- This call is being recorded
- Mute when not speaking
- Audio & video controls in lower left corner



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AIMS Center Introductions



John Kern, MD
Clinical Professor



Julia Campbell
Program Assistant

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Defining Collaborative Documentation

- Completing and sharing documentation in the presence of clients in a collaborative way
- Usually this means doing the documentation together
- “Concurrent Documentation” doesn’t clarify the emphasis on a shared process

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Problems with Clinical Documentation As Usual:

- Staff time spent documenting expands the work day unnecessarily
- Accuracy of documentation: memory is treacherous
- Retrieval/documentation take longer when done later
- Notes become vague and generic
- The MH clinical record notoriously useless

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Integrating Clinical Practice and Documentation

- Clinician's "Paper Life" is divorced from their "Clinical Life"
- Documentation competes with time spent with clients
- Have to depend on "no-show" time to complete paperwork

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Work Shouldn't Take Up All Your Time

- How much time do you spend charting
 - At the end of the day?
 - At home after hours?
- The right question to ask yourself:
 - How much time do I want to spend with clients as opposed to other things I have to do?



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Upsides to Collaborative Documentation

- Saves significant time and creates capacity
- Improves client engagement and client involvement
- Helps focus clinical work on outcomes
- Improves quality of work-life for staff
- Improves compliance (promotes linkage of assessment - treatment plan - and progress notes)

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Time Savings

- **Transition from Post Session Documentation Model to Collaborative Documentation Model can save from 6-8 hours per week for full time staff**

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Common Concerns of Clinical Staff

- **“It’s not fair to clients – they will resent doing paperwork!”**
- **“Collaborative Documentation takes away from treatment!”**

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Client Experience Data

1. On a scale of 1 to 5, how helpful was it to you to have your provider review your note with you at the end of the session?	Percentages	
	Total	Total %
1 Very Unhelpful	1195	4%
2 Not helpful	352	1%
3 Neither helpful nor not helpful	2564	9%
4 Helpful	8888	31%
5 Very Helpful	14988	52%
NA No Answer/No Opinion	756	3%
Total/Approval %:	28,743	94%

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Provider Tips: Change is Good!

- **Start thinking about documentation as a tool for organizing clinical work**
- **It is almost always possible to become more transparent as a provider**
- **Allow clients to surprise you**
- **Doing things the same way will lead to the same results**

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How to Introduce Collaborative Documentation

- This is your care
- This is your chart
- I want to accurately capture what you are saying
- I want to know what you are getting from our time together versus what I think or hope you are getting
- This helps me do a better job

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Omit Needless Words!

- Keep notes succinct and useful
- **Summarize rather than transcribe** the session
- A great note does not mean a long note!



William Strunk: *“A sentence should contain no unnecessary words, a paragraph no unnecessary sentences, for the same reason that a drawing should have no unnecessary lines and a machine no unnecessary parts.”*

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More Writing Tips

- Don't abandon your clinical style, but incorporate more collaboration
- Avoid technical jargon, labeling, or judgmental language
- Don't fear clients resenting or disagreeing with your documentation
- Clients will accept providers' observations if the clients' perspectives are also documented

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It Is OK to Document Disagreements!

- Necessity for tactful language keeps clinicians in therapeutic stance, motivates us to think/speak/write clearly
 - “Client is upset about changes in meds” vs “Client continues to be impossible to please”
 - “We discuss issue of my diagnosis of schizophrenia, client believes that this is incorrect and that in fact, he has ADHD”

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Driving Focused Treatment

- “Plan” section of treatment plan is more powerful when completed with the client
- Tasks or skills that the client agrees to try are noted and reviewed at the beginning of the next session
 - What is the client going to do between now and next time?
- Tasks that the clinician agrees to complete are noted and reviewed at next session as well
 - What is the staff going to do?
- Topics are noted here that were not addressed, due to time
 - What are we going to do together at the beginning of the next session?

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Logistics

- Scripts
 - Know how you are going to explain the process to your clients before your session
- Office setup
 - Do you need to move computers, screens, office furniture?
- Technology
 - Telehealth will work well with a shared screen
- **Do as much as you can**
 - Completing a portion of the notes in session as you are starting out is okay; simply move to do more each time
 - Try mostly listening in the beginning of the session, typing your pithy note closer to the end
- Clinical judgment
 - Collaborative Documentation will not work with every client in every situation. In my hands: 85% of the time

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Move the Furniture If You Need To

Sample “Office” Setup



Can your client see your screen?



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One Implementation

- Began October 2004
- Implemented for all staff by March 2006
- 7 psychiatrists (and dozens of non-MD therapists)

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Acceptance by Staff

- **Carrots**
 - Go home early
 - Be caught up all day
 - Actually be present
- **Adoption varied**
 - All staff concurrently document to some degree
 - Those that do less, go home later
- **Obstacles**
 - Lack of fluency with computer
 - “Too many things at once” for recent hires

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Effects on Practice Style

- **Briefer and more focused sessions**
- **Less time spent searching for data, labs, old session notes, etc**
- **Obvious implications for center – waiting list went down from hundreds to close to zero**

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Effects on Documentation Completeness

- **March 2005: 143 missing progress notes**
- **March 2006: 4 missing progress notes**

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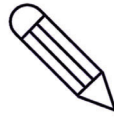
Client Acceptance

- **“It must be important if it is being written down”**
- **“Make sure you also say so-and-so”**
- **“Look up how I was doing on Seroquel that time last year...”**
- **Not a single complaint** after thousands of sessions
- **Data from other centers**

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Questions and Discussion



- Is Collaborative Documentation happening at all in your organization? Tell us about it!
- What barriers do you see?
- What else would you like to know about Collaborative Documentation?

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Resources

- AIMS Center Handouts
 - “30-Minute Follow-up Appointments”
 - “30-Minute Follow-up Appointments – Client Handout”
 - Telehealth Tips for Behavioral Health Providers: <https://aims.uw.edu/resource-library/telehealth-tips-behavioral-health-providers>
- Behavioral Health Institute: <https://bhi-telehealthresource.uwmedicine.org/>

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Upcoming Events

- Patient Activation for Depression Webinar
 - September 2 1-2:30 PM
 - Register: <https://www.eventbrite.com/e/patient-activation-for-depression-webinar-tickets-115896661033?ref=estw>

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How Are We Doing?

- Complete brief poll questions
- We rely on **you** to let us know how we can best support your work!

1. The information shared during the session is relevant to my work and practice.	<input type="radio"/> Strongly Agree
	<input type="radio"/> Agree
	<input type="radio"/> Neutral
	<input type="radio"/> Disagree
	<input type="radio"/> Strongly Disagree
2. The trainer effectively delivered information during the session.	<input type="radio"/> Strongly Agree
	<input type="radio"/> Agree
	<input type="radio"/> Neutral
	<input type="radio"/> Disagree
	<input type="radio"/> Strongly Disagree
3. The trainer effectively facilitated discussion during the session.	<input type="radio"/> Strongly Agree
	<input type="radio"/> Agree
	<input type="radio"/> Neutral
	<input type="radio"/> Disagree
	<input type="radio"/> Strongly Disagree

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Thank You!

