Avatar Process Improvement Meeting Notes

9/23/2021 9:00-10:00 AM Microsoft TEAMS Meeting Notes

Meeting Identity and Mission:	Inclusive, collaborative, **agenda driven** Continued *Process Improvement* meeting focused on new state and federal requirements, as well as improving client care and staff experience.
Opportunity to:	Share both our voice and needs to impact processes & procedures, create and modify forms and workflows, develop reports and widgets
Commitment to:	Bring information back to the groups we represent, gather input and test current projects to ensure they meet our needs
Meeting Website	Avatar Resources / Meetings

Get Involved!	- To add agenda items, contact *David.chicoine@santacruzcounty.us* **Housekeeping items** – Please use the raise hand function or the chat box if you have questions, comments, concerns.

Agenda Items	Time	Comments	Staff
1. What's going on?	15	I. Co-facilitators needed: Linda Cosio will take notes at the next meeting and Nancy Mast will facilitate.	Dave

2. Project Status and updates	15	I. DMC-ODS Pre-Admit Workgroup Report Out (Claire Friedman): The group continues to develop workflows and consider various pros and cons.
		II. Avatar Report Viewer – There is an extra piece of software has to be installed on each computer that allows reports to run, otherwise you get an error message. Discussion of how to facilitate all users having this on their machines. IT dept to work on this. Barriers: Installation varies from computer to computer. Each computer is unique.
		III. Avatar Report Availability for Line Staff Vs. Supervisors Only
		   A. There are reports that could be useful to line staff that are currently only for supervisors due to sensitivity of information.
		   B. We are pro "individual staff self-monitoring," vs. clinicians having to depend on their supervisor to run the report. Timely access improves work performance.
		   C. Barrier: This would require creating separate reports which takes time. Cannot just make adjustments to current reports.
		   D. Should this be a breakout workgroup?
		   E. Reports to consider for this: SUDS and MH Supervisor Compliance Reports, Caseload Report, Progress Note Aging Report, Progress Note Aging Summary.
		IV. Release of Information Form – Report out from Gian Wong
		   A. Reports are in production. English is almost finished, and Spanish version has been started. Once done, the group will reconvene – to be scheduled buy Nancy Mast.
			Casey Swank /All

B. Next steps are identifying the workflows, finishing final details on the form, and thinking through the training needs around this new form.

V. Problem with status of appts getting deleted if someone else does a second status update (Flor Perez, County Reception): We need a way to document multiple notes by different people about an appt. Also, if a client cancels, we have no way of having verification that the client cancelled because the appt just disappears.

A. Discussed possibility of writing a report – Avatar does keep this info behind the scenes.

B. Flor will provide details of problem in a write up so we can understand the problem more specifically, and send to Dave.

VI. Client Alerts Cleanup: There are both clinical use alerts and administrative alerts, which are the majority and create clutter that makes it easy for a user to miss critical clinical alerts.

1. Do we have the administrative bandwidth to do these updates?

2. Flor Perez to provide workflow established for reception staff which involves only those alerts added by reception staff. Unknown what other teams do.

3. Reports to help with cleanup?

VII. Use of evidence-based practices in the General Purpose Progress note to meet the state requirement of Documenting Coordination of Care –DHCS for MH requires demonstration of coordination of physical and mental health care.

A. Create a radio button for Coordinated Care? (Cybele Lolley)

B. MH and SUDS Workgroups are needed to discuss possible changes to these questions.

C. The SUDS workgroup met last week. Report out by Claire Friedman.

1. The workgroup spent time defining what curriculums fall under each of the EBP's (IE: Seeking Safety would be under Trauma Informed Care for example).

2. They would like to add Psychoeducation to the right side.

		OTHER ITEMS: I. Problems with printing multiple notes – Need to consult with Netsmart. II. Can Group Count in Group Notes be added to the chart view so that it's clear what the minutes billed are for each note? This is not visible in the chart view currently, which led to a recent state audit finding re the missing group count. Currently people need to put it in the text of the note. Nancy report out: Netsmart working on this problem with no solution ID'd yet. III. Claire Friedman: Issues with sticky notes both disappearing when you don't want them to, and hanging around when you don't want them to.	
3. Action Items	5		All
4. Parking Lot		I. TELECARE PHF ACCESS (Robert): Would be especially helpful for line staff to know if their client has been hospitalized. Gian to bring up in meeting with Netsmart and HIE to see about this being part of the external documents console. II. Progress Note Aging Report: w/Client-level parameter (Michael Garcia) III. CSI Data Cleanup IV. Getting New Admission Programs Added to Avatar to allow for episode opening/closing. Adriana approves/builds the Facility / NPI billing piece. V. Enrollment Process / AVATAR intake forms: Do we use it or eliminate it?	All
Next Meeting:	**TBD**		
Attendees:	Claire Friedman (Sobriety Works), Cybele Lolley (County QI), Dave Chicoine (County QI), Erica Ortiz (County Accounting), Flor Perez (County Admin), Gian Wong (County IT), Jorge Fernandez (County IT), Kayla Gray (County Psychiatry), Linda Cosio (PVPSA), Maya Jarrow (Janus), Michael J. Garcia (County IT), Nancy Mast (County QI), Robert Annon (County Adult MH)		