

# Avatar Process Improvement Meeting

## Agenda

**Meeting Date**

**Friday, 7/27/2018**

**9:00-10:00 AM, 1400 Emeline, 2<sup>nd</sup> Floor, Conference Room 207**

Agenda Items	Staff Area	Notes	
<p><b>REMINDER:</b> How to get to UAT to test the work we do in this meeting</p>		<ul style="list-style-type: none"> <li>- Ask for help from your help desk, who will guide you to create a shortcut pointing to: <a href="https://santacruzuat.netsmartcloud.com">https://santacruzuat.netsmartcloud.com</a></li> </ul>	<p>When testing widgets, remember to “Reload Home View”, so the new widgets are visible.</p>
<p><b>1) DHCS Audit follow up</b></p>	<p>MH staff</p>	<ul style="list-style-type: none"> <li>• Review current UAT testing for workflows that require LPHA user to submit plan</li> <li>• Review current UAT report listing treatment plans that need attention                             <ul style="list-style-type: none"> <li>○ Supporting tools needed:                                     <ol style="list-style-type: none"> <li>1. To-Do reminders: Report to show which treatment plans in caseload are missing, expired or have expiring interventions.</li> <li>2. Widget: Add Tx Plan due date related to LPHA signature with color formatting to Last Assessment Date widget or create new one</li> <li>3. Report: Add Tx Plan LPHA signature date and due date to Current Caseload report, or create new report</li> <li>4. Research and discuss UR workflow we can turn on to validate Progress Notes with Tx Plans.</li> </ol> </li> </ul> </li> </ul>	<p>Discussed workflow needed for Treatment plans. To meet requirements described by DHCS in February, only LPHA staff will submit plans. We discussed a couple options one included routing and one didn't. The group decided that it would give mixed messages to use the routing option, as staff would have to submit plans and LPHA would have to re-submit them. Recommended workflow copied below.</p> <p>Reviewed tools we build to support the new workflow:</p> <p>Expiring Treatment Plan Report:</p> <ul style="list-style-type: none"> <li>- Ensure the caseload listed is current as of run date, to eliminate clients previously removed from caseload list.</li> <li>- The report shows missing for all, when some clients have treatment plans file: Send examples what the report is doing vs what it should show to Adriana Bare, who will communicate with Gian. Scenarios: 1) missing tx plan/ already expired 2) current tx plan, 3) expiring interventions 4) expiring tx plan</li> </ul> <p>Last Assessment Widget:</p> <ul style="list-style-type: none"> <li>- Reports of not showing last ANSA, send examples to Adriana Bare, state client which form, what is shows and what it should show.</li> <li>- Check that Need update and current are accurate</li> </ul> <p>Non LPHA Treatment Plans:</p> <ul style="list-style-type: none"> <li>- Test the report, can't be tested in group setting because of PHI. Intention is to show treatment plans not finalized by non-LPHA</li> </ul>

		<p>Signatures, vs wet signatures  Recommendation:  Everybody sign electronic treatment plan, and only allow wet signatures when there's no other option. We need to move from wet signatures being the preferred method for capturing client signature to the exception. LPHA signature is obtained by submitting the plan, which changes the plan date and allows the reports to display correct information. QI will send out workflow recommendation to all staff, including scenarios that we understand we will need a wet signature, like Jail setting</p>
<p><b>Future and Pending Agenda Items</b></p>	<ul style="list-style-type: none"> <li>➤ CANS ANSA report back, training, changes to workflow and or form.</li> <li>➤ Brief ASAM form in Avatar</li> <li>➤ Episode Closings: Analyze and recommend workflows for closing episodes, including what tools are needed for support</li> <li>➤ Diagnosis in Episode widget does not change when updated, should it show most current or admission dx?</li> <li>➤ Network Adequacy follow up to additional items needed</li> <li>➤ Caseload Report changes - Diagnoses (dates and clinician), ASAM information</li> <li>➤ Pending notes report</li> <li>➤ Discuss adding Age to Home view (new widget?)</li> <li>➤ Clear start end time for documentation</li> <li>➤ Recovery services</li> <li>➤ Discuss ROI in onset of services form, (ability to click on the boxes)</li> </ul>	
<p><b>2) Next Meeting</b></p>	<p>Next meeting:  <b>8/3/18</b> in Room <b>207</b>, 1400 Emeline 2<sup>nd</sup> Floor.</p>	
<p><b>3) Attendees</b></p>	<p>Linda Cosio, Eli Chance, Kathleen Alcala, Esther Orellana, Chris Mc Cauley, Nancy Mast, Gian Wong, Sarah Tisdale, Leah Flagg-Wilson, Stan Einhorn, Bill McCabe, Lauren Fein, Cybele Lolley</p>	