Avatar Process Improvement Meeting Agenda

Meeting Date Friday, 7/21/2017

9:00-10:00 AM, 1400 Emeline, 2nd Floor, Conference Room 207

Agenda Items	By Whom	Notes	Minutes		
 Admission, Discharge and Update Client Data 	Adriana Bare	Status update on Documentation Changes, once those are posted, Email announcement will go out and forms will be changed in LIVE	 Perform Discharge Alert question needs protocols as to not breach info. Who does this? When? What is the response when alert is triggered? QA Transition in Care question – What is this for? 		
3. CANS ANSA Reports	From 6/30/17 meeting	Discussion recommended which assessments to select, finish report design, consider sample and other options	 Sample CANS ANSA [at end of document] Clarifying how "Improved" label is defined. We think it means that at least three critical factors (selected CANS ANSA questions) were improved by 2 or more points. We still need to ID which questions we want to use as the "critical factors." We would like to have a separate meeting for this.		
4. New Report Design: Pending Routed Documents	From 5/5/17 meeting	Need a new report that shows notes and other documents which are still pending approval. (Final, Routed, Not yet approved) Need: Client # name, service date, program, clinician, routed person	1. Report is in queue for programming.		

	(If time allows)		
5. Group Progress Notes "Group Of One" Problem		 Current solution is to continue to submit corrections to askqi@santacruzcounty.us Concerns expressed about personnel time to do these corrections. Ability to demonstrate that this is a software issue should reduce audit risk. Discussion of whether to use SC General Purpose Progress Note and manually divide time vs. using SC General Purpose Progress Note If GP note is used, and adjusted duration is less than 20 mins, then note should be non-billable. Testing of other group notes (other forms) in UAT. Sergio and Sarah Tisdale. Sarah needs access to these other forms. Can we make a report ASAP that shows the services for a group that all clinicians can have access to? Workflow for this would be to run report immediately after doing group notes. The clinicians doing the groups, as well as supervisors/managers should have access to this. Sergio 	1. X

6. Group Progress Notes: If adjusted duration is <20 min, then service is not billable			1.
7. Next Meeting	7/28/17 Room 207 , 1400 Emeline	 ALOC/ASAM SUD Treatment Plan SNOMED codes have weird characters in them 	1. X
8.			1.
Attendees:			

Sample CANS ANSA Report to discuss:

Programs: (List Programs of Service Selected)

Service Date Range: (List date range selected, i.e. 7/1/16 - 6/30/17) CANS/ANSA Date Range: (List date range selected, i.e. 4/1/16 - 6/30/17)

(Detail)

Ordered Pairs:

	<u>Client</u>	<u>Oldest</u>	Count of	Newest	Count of	<u>Improved</u>
Client Name	<u>Number</u>	<u>Date</u>	Items 2 or 3	<u>Date</u>	Items 2 or 3	<u>(Y/N)</u>
Sam Tttest	111111	4/20/16	41	4/30/17	37	Υ
Frankie Tttest	333333	8/15/16	35	2/24/17	36	N
Max Tttest	222222	6/2/16	25	6/15/17	22	Υ

(Summary)

Total count of Clients: 3 Total count of Clients Improved: 2 Improvement Rate: 67%

Questions/Discussion about report:

Count of items: what does this mean?

Improved = At least three critical factors improved by 2 or more points. We still need to ID which factors these are.