

Monterey County Behavioral Health Quality Improvement

PROTOCOL

RE:	Monthly Supervisory Chart Review
POLICY REFERENCE	Pol. 129
FORM REFERENCE	Clinical Supervisory Tool and Guide
EFFECTIVE	August 30, 2018

This protocol replaced the previous protocol titled “Clinical Supervisory Tool” dated January 19, 2017.

As part of our ongoing quality improvement efforts, we have taken your feedback regarding the effectiveness of the Quality Improvement Utilization Review tool (QI UR tool) in meeting your clinical supervisory needs. We have also taken into consideration the report from the most recent triennial review (2014) by the Department of Health Care Services (DHCS) to address the need for ongoing efforts to evaluate documentation of medical necessity. We have designed a *Clinical Supervisory tool* to assist in meeting both, your interest in providing measurable clinical guidance and also meet regulatory requirements to ensure medical necessity is met throughout the course of client care.

We strongly encourage you to share the *Clinical Supervisory tool* with your supervisee prior to the review and have open dialogue about staff expectation and intention for using this tool. We hope this will support ongoing and deliberate communication with your supervisee on clinical areas of strength, areas for improvement, and ongoing professional development.

The output of *Clinical Supervisory tool* can be reviewed using Avatar report number 145. The report shall be shared with the supervisee as part of your ongoing supervision and shall be used to identify and address areas of strength and areas for further development. Please note, generally speaking, in most instances the supervisee is the assigned Care Coordinator and is expected to evaluate and coordinate services on behalf of the client. This means, the coordinator is responsible for addressing issues identified through the review process.

The Quality Improvement team along with the Leadership team will review and evaluate data from the Clinical Supervisory tool to identify and address training needs across our organization.

Procedure:

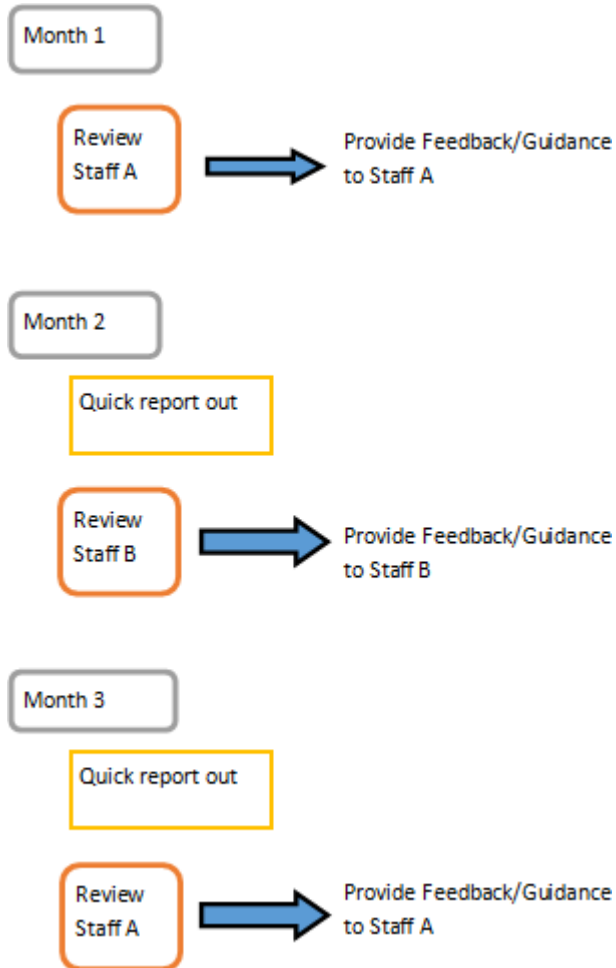
Effective August 20, 2018 all supervisors shall convene monthly for a review of client records. The supervisor group will utilize the Clinical Supervisory Tool to conduct chart reviews alongside clinical staff from the Quality Improvement and training teams. The Clinical Supervisory tool shall be completed in the electronic health record, Avatar.

The Monthly Supervisory Chart Review meeting:

- Facilitated by QI, Training Team, or designee
- Monthly for approximately 1.5 -2 hours
- Supervisors are expected to participate
- Supervisors shall review at least one (1) chart
 - Bring printed chart to meeting (adhere to confidentiality standards) or laptop to access record
 - Bring printed Clinical Supervisory tool or laptop to access Avatar. The Clinical Supervisory Tool is expected to be completed in Avatar.

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Quick Overview of Process



- Select a newer-hired supervisee who has completed a recent assessment
- Select a client record to review
- In myAvatar:
 - open “step 2” report (this will provide all chart documents needed for review)
 - select the most recent 2-3-month *date range*
 - select the most recent assessment
 - select the most recent treatment plan
 - select “process”
 - open “clinical supervisory tool;” there are five (5) sections:
 - Section 1: General Review Info
 - enter date of review

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- select a review type
 - Admit= initial assessment for client
 - Annual= annual review for client
 - Discharge= completed at time of discharge for continuity of care
 - Other= an update (may be related to changes in client needs, etc.)
 - enter name of clinician (supervisee) you are reviewing
 - enter name of reviewer (you)
 - select program (the program the supervisee is in)
 - the tool uses a 4-point scale:
 - Could be used as a model/example (4)
 - Good as Is, No need for significant changes/improvements (3)
 - Acceptable; Some training issues (2)
 - Unacceptable/Incomplete: Would return for correction (1)
 - Section 2: Assessment
 - complete information based on your review
 - Section 3: Treatment Plan
 - complete information based on your review
 - Section 4: Progress notes
 - complete information based on your review
 - Section 5: Overall Documentation
 - complete information based on your review
2. myAvatar report number 145 will provide information about the supervisee's overall score and average scores based on the information you entered from your review.
 3. Supervisors shall discuss the results of the *Clinical Supervisory* tool with their supervisee as part of supervision. You may consider using the information you included in the comments section of the *Clinical Supervisory* tool, included but not limited to:
 - Areas of strength
 - Identified areas for improvement and designated a plan to support the supervisee's growth in those areas
 - Ongoing review of overall progress
 - Ongoing discussion on medical necessity criteria and documentation expectations
 4. Access to the printable version of the Clinical Supervisory tool can be found on the QI website: http://qi.mtyhd.org/wp-content/uploads/2014/09/Clinical-Supervisory-Tool_FINAL-2016-12-15.pdf however, all clinical reviews must be completed within myAvatar.

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Example of form in myAvatar


 **CLIENT, TESTFIRSTNAME (000800292)**
F, 53, 07/23/1963
Ht: 6' 1", Wt: 230 lbs, BMI: 30.3

Chart Clinical Supervisory Tool

1 General Review Info.
2 Assessment
3 Treatment Plan
4 Progress Notes
5 Overall Documentation

Submit

Review Date: 01/12/2017 Today Yesterday

Charting: Admit Annual Discharge Other

Clinician: [Text Field]

Reviewer: [Text Field]

Program: [Dropdown Menu]

2 1. Identifying Information and Chief Complaint

- Gender, Work/School, Living Situation, Interests
- Chief Goal & Complaint in Client's Own Words. (For Children, can be caregiver)

2.Acceptable; Some Training Issues [Dropdown Menu]

Comments: [Text Field] test

2. Presenting Problem/Hx of Presenting Illness/Changes in Functioning

- Current/Recent Changes in MH/SUD Sx (details, examples)
- Current/Recent Changes in Fx Impairment (How sx impact fx)
- Strengths (Qualities, Interests, Resources, and Aspirations)...
- For Updates, include How Client has responded to Tx

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Example of report 145



Monterey County Behavioral Health 145 Clinical Supervisory Tool Report

Example

18. Goal Management Information Completed - Status/Due Date - Date Closed	Score: 4 Could be used as a model/example	Comments:
19. Client Participation - Evidence Client and/or Caregiver Participated Actively in Process	Score: 2 Acceptable; Some Training Issues	Comments:
*For children, can be caregiver's words		
Treatment Plan Average Score: 3.71		
23. Plan - Safety Was Adequately Addressed in Plan - Level of Intensity Matches Response - Plan is Specific to Response (Not Same Cut & Paste for Each Note)	Score: 1 Unacceptable/Incomplete: Need Correction	Comments:
24. Medical Necessity - PN Content Supports Medical Necessity for Service	Score: 4 Could be used as a model/example	Comments:
Progress Note Average Score: 2.40		
Overall Documentation		
25. Golden Thread - Degree to which clinical data supports tx planning and Intx	Score: 4 Could be used as a model/example	Comments:
26. Level of Care - Degree to which Client appear placed in appropriate program/Intx	Score: 1 Unacceptable/Incomplete: Need Correction	Comments:
27. Strengths - Degree to which Treatment uses Client Strengths	Score: 1 Unacceptable/Incomplete: Need Correction	Comments:
(Average of Questions 1-27) Clinical Documentation Average Summary Score: 2.63		
(Average of Questions 11 & 19) Client Participation Summary Score: 2.00		
(Average of Questions 12 & 24) Medical Necessity Summary Score: 4.00		