SF HIV FOG · FRONTLINE ORGANIZING GROUP ·

Lunch & Learn

TIPS FOR WRITING EFFECTIVE CASE NOTES

PART 2

WELCOME

- Brief over view:

  Tips for Writing Effective Case Notes: Part 1
- Panel Introductions & Discussion
- Q & A
- Upcoming Events and Resources
- Reminder for Evaluations
- Have fun while we all learn

Tips for Writing Effective Case Notes: Part 1 – Overview

Case Notes must include:

Who: The name, qualifications and/or title of the qualified staff providing the service or intervention.

What: What was done, the specific interventions/skills training services provided

Where: The physical site where services were provided (office, client's home, etc.).

When: Date, length of service (in units and time) and time of day.

Why: Why the services were done. The intended goal, objective and outcome related to the interventions/skills training services.

How: How the interventions were done (concrete, measurable & descriptive) along with the client's response and progress.

Documentation Format Styles:

S-O-A-P: Subjective, Objective, Assessment, Plan

D-A-P: Data, Assessment, Plan

G-I-R-P: Goal(s), Intervention(s), Response(s), Plan

S-O-A-P

Subjective, Objective, Assessment, Plan

Subjective Data: What the client shared/reported to you during the session

Objective Data: Factual observations, without bias

Assessment: Your summary of what you believe is really happening

Plan(s): Document what you and the client have agreed the client needs to address in between sessions/upon discharge

D-A-P

Data, Assessment, Plan

Data: What did the client say during the visit? What did you observe during the visit? Include both non-verbal and intuitive senses.

Assessment: What is going on? How does the client appear? What is their mental/physical state? Include both non-verbal, working hypotheses, and gut hunches about his/her situation.

Plan: Response or revision to his/her overall situation; next visit date, any topics to be covered next session, etc. What is your plan of action; what are you (or the client) going to do about it? What is your follow-up plan with the client?

G-I-R-P

Goal(s), Intervention(s), Response(s), Plan

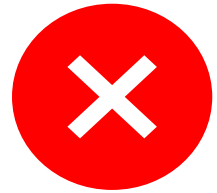
Goal: The objective that is being worked on

Intervention Used: coached, prompted, assisted, encouraged

Response(s) of the client feelings and/or action words

Plan for next steps: next visit, client will, client plans to?

Don’ts: General professional guidelines



Things to avoid:

- Casual abbreviations
- Taking shortcuts at the cost of clarity (re-read out loud)
- Generalizations or over-interpretations
- Grammatical errors
- Negative, biased, and prejudicial language.
- Details of the client’s intimate life unless it is relevant to care plan.
- Use of medical diagnoses that have not been verified by a medical provider

Do's: General professional guidelines

Things to include:

- ✓ Highlighting the client's strengths, supports and coping mechanisms
- ✓ Specification of where the information came from
- ✓ Client's identification on each page
- ✓ Documentation of the link of successes and failures to the service plan
- ✓ Tracking of client activities (job pursuits, assessments, etc.)
- ✓ Tracking of program/agency monitoring activities (contacts, lab results, etc.)

Panel Discussion

Negin Mohajeri, Law Clerk, Legal Advocacy at PRC

Valerie Graham, Practice Coordinator III at UCSF Positive Health Program at SFGH Ward 86

Case Note Examples

Legal Advocate

Example #1

Progress Note:

P: Clinician met with client for an individual session to work on decreasing feelings of anxiety, managing depression symptoms, and building rapport.

I: Clinician utilized unconditional positive regard to work on decreasing feelings of anxiety, narrative therapy techniques to build rapport, and IFS techniques to work on managing depression symptoms.

R: Client shared about the stress she has been experiencing lately. Client discussed what her days look like, and her symptoms/trauma history.

P: Clinician plans on meeting with client next week for an individual session to work on decreasing feelings of anxiety, managing symptoms, and building rapport.

Example #2

Status: Final **Finalized Date:** 5/8/2018 **Note Type/For:** MH Adult / New Service

Progress Note:

Client seen in f/u. reports he is doing ok, had good visit with two younger daughters this weekend and saw his baby son, who just turned 1. He talks about his med taking strategy, involving taking seroquel and ambien at night, with occasional breaking of seroquel to take part earlierr in day if feeling very ancious. He recently had primary care visit and labs. He talks about having 2-3 days/week when he feels more down/inclined to stay in bed, able to go do errands but eager to return to bed. Gives example of a dream last week taht led to his feeling that way the next day.
MSE: stable nl grooming, speech,motor. m/a: mildly down tp linear TC as above. No SI/HI/psychosis
a/p: 40 yo man with chronic PTSD, SUD in remission, sober from crack and on methadone, continues to have multiple days/week of withdrawal, avoidance, heightened depression and anxiety. This one last week triggered by a re-experiencing dream

Example #3 part one

HPI
46 yo woman with a history of psychosis, migraine, depression, anxiety and ADD presenting with complaints of "someone played a really bad trick on me, there is something moving in my abdomen, and people are harassing me". Has a long term history of psychosis, follows with a psychiatrist at RAMS clinic, has been seen for the same complaint by her PCP.

She reports that she believes there is something like a speaker that was placed into her abdomen by other people "maybe when I was unconscious", which is transmitting messages the way police officer radios do. She experiences this as odd movements in her abdomen. She reports feeling "reverbarations through my entire body like you are at the concert, but cannot hear the music". She also c/o feeling like people are harassing her, that people in her neighborhood do not want her to live there are are trying to drive her out.

Very similar complaints are documented during past provider visits on 1/22/2016, 11/23/2015.

She is followed at RAMS clinic for this, and has an appointment with her psychiatrist in two weeks. She has also discussed these concerns with her primary care doctor. When asked what she has been told about these symptoms, she reports "They have told me this is my psychosis, but I don't believe them, I think somebody played a trick on me." She takes citalopram and trazodone.

Example #3 part two

Chief Complaint
Patient presents with

- Paranoid

  5150 by PD. worried that neighbors are "biohacking" and spying on computer. Per PD pt was pacing around angrily with baseball bat. "They burn me, they shock me, they cause epileptic shock, they make me bite my lip, they can control it. They project images so I can see spiders come at me, I can see the lasers so I know it's real". Denies SI/HI/ETOH /drug use. Report hx of anxiety, depression.

History provided by: patient
History limited by: nothing

HPI
49 y/o F hx of anxiety, depression, schizophrenia, who is brought in by police after potentially for holding bat and wandering around. Unclear who called police, by possibly her 11 and 12 yr old children. She states she picked up a bat because her neighbors have been saying bad things about her for 6 yrs, stating they are biohacking her. Hearing voices, thinks they are here at the hospital, too. No visual hallucinations. Denies any SI, HI or self harm, would like to go back to her family. Pt states she does no want to hurt anyone.

Case Note Examples

Medical Insurance Advocate

Poor Example part one

Per the 2nd Medical agent, Ryan, Pt has two pending Medical cases with the same names, dob and social security numbers. The agent could not provide any further case notes on either pending cases. The call was terminated.

V.G. contacted Building 10, and spoke to Brenda. She confirmed that Pt does has 2 cases due to duplicate records in the Medical system however the pending 2020 case was closed; the pending recent medical enrollment is active with granted coverage through to 02/28/22. Pt had only a week left with the presumptive Medical.

V.G. contacted the patient to schedule an in-person visit re: completion of SAWS II. V.G. provided patient with the list of supporting documentation for this appointment. V.G. to scan the supporting docs to the Medical website same day.

Pt and V.G. met in-person; Pt came fully prepared; Half-way through the call with the Medical rep and translation services, pt disclosed that on the last call, he had failed to mention that he had $17K in a savings account.....He had forgotten about the savings account. The call with Medical was terminated.

Poor Example part two

V.G. and Pt initiated a four-way call with Pt, Building 10, the hospital's enrollment unit and Russian translation services so as to enroll Pt into Healthy San Francisco. At this time, Pt's Medical had expired; Rubin, the agent came to the phone. V.G. explained the situation. In light of these delays, V.G. advocated for a STAT appointment re; HSF phone call for enrollment. Rubin granted an early tele-health appointment for the following week on March 8th at 1:15 p.m. The process was explained to the patient, and it was confirmed that Pt would be active same day as the telephone appointment. That same day, V.G. enrolled patient into the ADAP, providing the CDPH with the required supporting documentation. V.G. documented the patient's ADAP ID number in the EPIC system and printed out the Magellen card for the patient. V.G. confirmed that this was valid for a year with re-enrollments due by or 45 days prior to his b/day. V.G. contacted his pharmacy providing them with the ADAP ID number. Translation services and V.G. explained that Pt will need ADAP for the HIV meds - which are not covered by HSF. Pt was clear with the process.

Poor Example part three

V.G. reviewed the supporting documentation for patient to email to Building 10's assigned case work for final processing.

Two weeks later, Pt completed the HSF with coverage until his b/day, 07/07/2023. V.G. will initiate a call with the medical office so as to enroll patient with limited Medical however, at this time, Pt requested a quick break from the phone calls.

Case completed. V.G. scheduled and completed the Limited Medical enrollment. Within 45 days, Pt will receive documentation re: status of his Medical.

Good Example part one

PATIENT NAME: (FAKE NAME) NIKOLAI DARMUS

DATE: 02/25/22

Val Graham: V.G. was notified by the front desk that a new patient, who speaks Russian required insurance for access to healthcare. Pt has been living here for a little over a year, is housed, lives in the city and is recently employed by Google as of 12/01/21. Pt has a current EAD and travel documents. Pt had his passport with him; I-94 with valid EAD/advance Parole. I-485 still pending for permanent residency. Pt reports he has been working with an immigration atty since his arrival into the U.S. V.G. initiated a three-way call with Russian translation services so as to provide guidance to the patient re: the Medical enrollment process/Presumptive Medical.

Pt was clear with provided guidance.

Good Example part two

V.G. initiated another three-way call with Yuelin, an enrollment worker at the SFGH Hospital and translation services. Based on the information provided by the patient, at this time pt makes only $1,000/monthly, single and qualifies for medical. This was completed. Pt accessed his new intake appointment with full services covered. V.G. made sure that Pt did not have resources/bank accounts with more than $2,000.00 and it was confirmed that this was confirmed.

Pt was given his BIC number for billing purposes and a case number which was documented in patient's chart; V.G. called the pharmacy and provided them with this for immediate access to his HIV meds. Pt will be covered until 02/28/22. V.G. checked w/patient to ensure that Pt has enough HIV meds for the next few months; Pt confirmed that he had been given a month's worth of meds through Gilead/and W.86 pharmacy. Pt has 5 refills on file at the pharmacy. V.G. and patient to complete the medical enrollment with docs and completed SAWS I and SAWS II. Labs drawn. PCP assigned.

Good Example part three

V.G. initiated a call, the following week with Pt, translations services and the Medical office, with Lai, the representative so as to follow through with the Presumptive Medical. The agent reports that patient has had a pending case with Medical since 2020, was married, did not qualify due to excess assets and was sent correspondence confirming request for further documentation. This was conveyed to the patient, who confirms that this feedback was completely inaccurate. Pt is eligible for Medical based on current income and status.

Val Graham terminated the call due to language barriers with the agent and the translation services. A new call three-way call was re-initiate with medical, translation services and patient.

Per the 2nd Medical agent, Ryan, Pt has two pending Medical cases with the same names, dob and social security numbers. The agent could not provide any further case notes on either pending cases. The call was terminated.

Good Example part four

V.G. contacted Building 10, and spoke to Brenda. She confirmed that Pt does has 2 cases due to duplicate records in the Medical system however the pending 2020 case was closed; the pending recent medical enrollment is active with granted coverage through to 02/28/22. Pt had only a week left with the presumptive Medical.

V.G. contacted the patient to schedule an in-person visit re: completion of SAWS II. V.G. provided patient with the list of supporting documentation for this appointment. V.G. to scan the supporting docs to the Medical website same day.

Pt and V.G. met in-person; Pt came fully prepared; Half-way through the call with the Medical rep and translation services, pt disclosed that on the last call, he had failed to mention that he had $17K in a savings account.....He had forgotten about the savings account. The call with Medical was terminated.

Good Example part five

V.G. and Pt initiated a four-way call with Pt, Building 10, the hospital's enrollment unit and Russian translation services so as to enroll Pt into Healthy San Francisco. At this time, Pt's Medical had expired; Rubin, the agent came to the phone. V.G. explained the situation. In light of these delays, V.G. advocated for a STAT appointment re; HSF phone call for enrollment. Rubin granted an early tele-health appointment for the following week on March 8th at 1:15 p.m. The process was explained to the patient, and it was confirmed that Pt would be active same day as the telephone appointment. That same day, V.G. enrolled patient into the ADAP, providing the CDPH with the required supporting documentation. V.G. documented the patient's ADAP ID number in the EPIC system and printed out the Magellen card for the patient. V.G. confirmed that this was valid for a year with re-enrollments due by or 45 days prior to his b/day. V.G. contacted his pharmacy providing them with the ADAP ID number. Translation services and V.G. explained that Pt will need ADAP for the HIV meds - which are not covered by HSF. Pt was clear with the process.

Good Example part six

V.G. reviewed the supporting documentation for patient to email to Building 10's assigned case work for final processing.

Two weeks later, Pt completed the HSF with coverage until his b/day, 07/07/2023. V.G. will initiate a call with the medical office so as to enroll patient with limited Medical however, at this time, Pt requested a quick break from the phone calls.

Case completed. V.G. scheduled and completed the Limited Medical enrollment. Within 45 days, Pt will receive documentation re: status of his Medical.

Q & A

Future SF HIV FOG Training Events

Lending Library – Watch your email and the SF HIV FOG Facebook Group for details

Save the Date - May 23, 2022

Structural Racism on Health Care (Working Title)

Upcoming Training Topics:

- Housing if HIV Treatment
- And more . . .

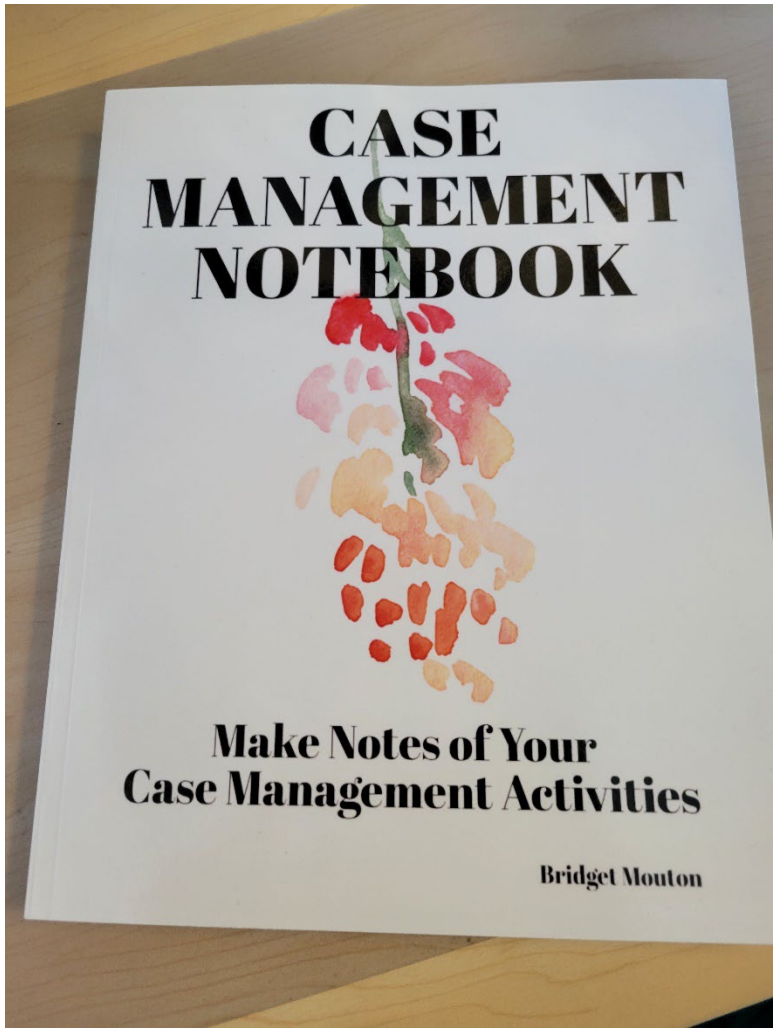
Reminder Complete Evaluation

Check your email for the link

to this training event evaluation survey

https://www.surveymonkey.com/r/QXP33NT

Opportunity Drawing



Thank You

SF HIV FOG Steering Committee

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