ELEVATE - The Evolution of Building Leaders of Color (BLOC)

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NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Attendees will be able to identify the purpose and common elements of good case notes
2. Attendees will be able to identify the challenges associated with completing case notes in an effective manner
3. Attendees will be able to utilize a support tool to effectively communicate on a care team using the SBAR Communication Model

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ELEVATE 301

NMAC's ELEVATE Presentation Team

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ELEVATE
Service Delivery

Documentation Skills

Case Notes

If it isn’t written down, it didn’t happen.

Case Notes

Why do we write case notes?

Purpose of Case Notes

The patient case note:

- Is a basis for planning patient care
- Documents communication between the health care provider and any other health professional contributing to the patient's care
- Assists in protecting the legal interest of the patient and the health care providers responsible for the patient's care
- Documents the care and services provided to the patient
- Provides adequate documentation for correct billing and reimbursement

We Document for Our Team Members

- Part of your job duties
- Guided by your agency's documentation requirements
- Helps keep team members on the same page, especially if you are not available to provide an update in person

For Our Clients—Service to Them

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- Providing a historical record of client's progress and action plans
- Honoring the relationship we have with them, the lives that they are sharing with us
- Reflecting respect for our clients and the issues with which they are dealing

For our Funders

- Case notes document that we are doing what we are paid to do
- Are programs are performing as expected?
- Are programs cost-effective?
- How do CHWs contribute to program and client successes?

Case Notes

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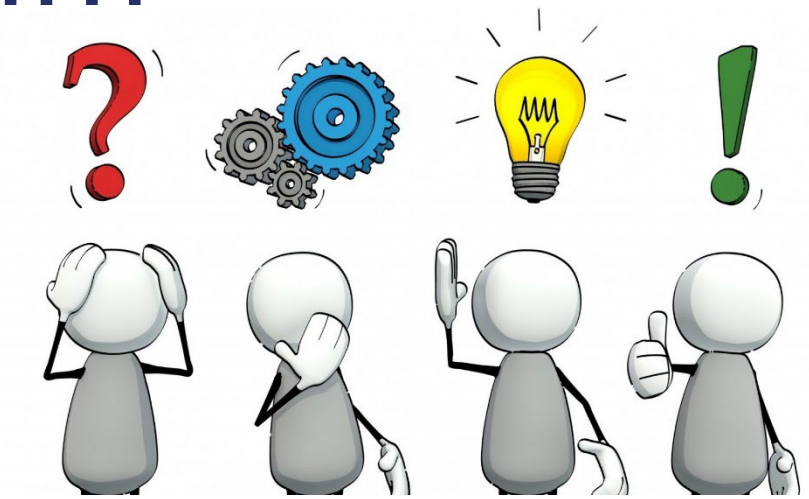
What are the challenges of documenting your work with clients?



Case Notes

How have you overcome these challenges?

What works for you?

Important Points - Progress Notes

- Your client file notes, including written chart notes, are legal documents that can be subpoenaed at any time.
  - Staff can be cross examined regarding the content of progress notes.
- Don’t add personal opinions to case notes without facts and/or observations to back them up.
- Don’t **diagnose**.
- All computers should be locked when you are not at your workstation.
- Mobile devices should be locked and have password protection.

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Writing Effective Case Notes

Setting the Stage

- Clarify the requirements and expectations for your case notes.
- Review your case notes with your supervisor to determine the specific content you are to include, the format, the length of the note, and other organizational details – the structure.
- Create an outline for yourself as a tool to actively use when writing your notes.

Case Notes

What goes in a case note?

What do you think is important to remember when doing documentation work?

Case Note Content

- Community health worker's name
- Date of case note
- Client's name
- Date of visit/session
- Purpose of visit/session
- Observations
- Topics discussed
- Movement toward goals since last visit
- Obstacles toward progress
- Brief summary, next steps

SOAP Notes

S = Subjective O = Objective A = Assessment P = Plan

Subjective Data: What the client (or significant other) tells us about their condition

Example: Client reports great concern about losing housing - owner is losing the property. Client reports not sleeping well, no appetite, and doesn't know what he's going to do.

Objective Data: What you observe or find during the CHW visit.

Example: Client is visibly upset (crying, frantic speech, pacing, shifting in the seat often)

SOAP Notes

S = Subjective O = Objective A = Assessment
P = Plan

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Assessment: your opinion or interpretation of the client's situation as reported and based on what you observe.

Example: Client upset about possible loss of housing and its effects on client's health.

Plan: What do the client and CHW want to do to resolve the issue or situation? How will it be accomplished? Who will do what ?

Example: Provide emotional support regarding fear of losing housing. Rule out other causes of eviction and agitation. CHW will prepare referral to housing advocate to minimize disruption and provide hope for new housing option. Client will gather proof of income, etc. to prepare for housing meeting. CHW will update care plan with new housing goal.

Case Note Considerations

- **Collaborative**: Will you be writing down the case notes in the moment so that the member of the care team can review them, or afterwards? Consider doing a check in with your supervisor or other care team member to reflect back what you hear before writing it down.
- **Timeliness:** As soon as possible after the encounter, outline the strengths and challenges that you heard.
- **Participant records:** Whatever you write becomes a record of the client; don't write anything you couldn't verbally say. Remember that the client is the owner of their own record and that others who have access to their case notes will react based on what was written.

Case Note Considerations (cont.)

- **Non-judgmental**: Try to not interpret their behavior or be judgmental.
- **Confidentiality:** Remember not to identify others by name in a participant's record; describe them by relationship. Keep HIPAA and other personal identifying information safe, particularly when in transit.
- **Risk assessment:** One function of documentation is to note risks and your responses to them, for the protection of the client, yourself, and your organization's legal protection.

Case Note Considerations (cont.)

- **Track sessions and appointments:** Documentation helps us track a client's progress and helps us keep continuity from meeting to meeting by helping us remember and review what has already happened.
- **Amending notes:** Use appropriate methods of amending notes, by making corrections and signing your notes.
- **Organization:** Keep your case files organized and write legibly.

Preparing to Write Your Case Note

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- Re-read your previous note (if possible)
- Refer to agency charting guidelines
- Identify key facts (observations, information)
- Identify key themes (the purpose of your session, the goals, progress, barriers to progress)
- Write your case notes as soon as possible after you have seen or spoken with a client

Writing a Case Note

- Write brief sentences
- Write short paragraphs
- Choose simple words
- Use a professional style –
  - No contractions (isn't, can't, wouldn't)
  - Not chatty, more serious
  - Keep it concise and to the point
- Clients have the right to access their records so they should always be written as accurately and clearly as possible

Time Management

- Schedule “case notes” time on your weekly calendar (datebook, phone or computer)
- If possible, pick a time that’s best for you
- Block out enough time on your calendar during the week to complete the number of notes you need to write

Setting Charting Goals

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- How many case notes do you need to write (to catch up, to stay current each week)?
- How many notes can you write in an hour?
- How many hours do you need to complete your notes each week?
- How much time realistically devote to writing notes in one sitting? (one hour at a time, more?)
- Boundaries, boundaries, boundaries

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SBAR Communication Model

SBAR Communication Model

- **SBAR** stands for **S**ituation, **B**ackground, **A**ssessment, and **R**ecommendation and is a tool to support effective communication between care team providers about patient care needs.
- SBAR is a method of presenting information that is (1) purposeful, (2) direct, and (3) concise.
- SBAR is a helpful tool for working with multidisciplinary care teams and is a model that can help a provider consider critical information prior to making a recommendation about a patient or client's care.

SBAR Communication Model

(**S**) What is the situation you are bringing to the care team?

(**B**) Pertinent background information related to the situation

(**A**) What is your assessment of the situation?

(**R**) What is the recommendation or what does you want?

Situation

(S) Situation

What is the situation you are bringing to the care team?

- Identify the patient and briefly describe the situation
- Briefly state the problem; what is the problem, when did it happen or start, and how severe is it?

Background

(B) Background

Pertinent background information related to the situation could include the following:

- History of suppression and/or retention to HIV care and treatment
- List of current medications
- Most recent labs
- Relevant social history or social determinants of health

Assessment

(A) Assessment

What is your assessment of the situation?

- What do you think is happening here?
- Do you perceive a barrier? An opportunity? A pattern?

Recommendation

(R) Recommendation

What is the recommendation or what does you want?

- Meet with the client informally to assess for social determinants barriers
- Accompany client to medical and social visits to address health literacy concerns
- Arrange for home services to address environmental conditions

SBAR Example

- The patient arrived 15 minutes late to their medical appointment. **(Situation)**
- Upon reviewing the patient record, I noticed the patient is consistently late for each appointment and the patient's transportation is scheduled through a contractor. **(Background)**
- I think that if the scheduled pick-up time was adjusted by 15 minutes that the patient would arrive on time. **(Assessment)**
- I recommend we adjust the transportation scheduled time by 15 minutes and see if the patient arrives on time at the next visit. **(Recommendation)**

Considerations

- Have I seen and assessed the patient myself before bringing to the team?
- Has the situation been discussed with other members of the team (medical case manager, care coordinator)?
- Who are the providers for this patient/client? What team do you need to engage with?
  - Know the specifics of the patient/client situation you want to bring attention to
- Have I read the most recent notes from the care team?
- Have available the following when speaking with the team:
  - Patient's chart
  - List of current HIV medications
  - Most recent labs
  - Social history"

Q&A

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Questions & Answers

Thank You!

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Engage Leadership through Employment, Validation & Advancing Transformation & Equity

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