CT Behavioral Health Homes

How to Write Encounter Notes

Documentation Review

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Training Objectives

In today's presentation we will:

1. provide a brief refresher on goals and objectives and the link between treatment plans and notes
2. review the six BHH core services
3. provide guidelines for what to include in an encounter note
4. practice writing encounter notes

Big Picture View PCRP Elements

GOAL
as defined by person;
what they are moving "toward"…not just eliminating

Strengths/Assets
to Draw Upon

Barriers/Assessed Needs
that Interfere

Short-Term Objective
S-M-A-R-T

Interventions/Methods/Action Steps

- Professional/"billable" services
- Clinical & rehabilitation
- Action steps by person in recovery
- Roles/actions by natural supporters

Goals and Objective

- Goals should be long term and motivating in order to move toward something positive the client wants to achieve.
- Goals should be in the individual's own words.
- The encounter note should also be connected to an objective from the recovery plan.
- An objective is the specific steps a client agrees to take to meet the goal. Objectives break a large goal into manageable shorter-term steps.
- The objective should be SMART

Objectives Should be SMART

Here's a way to evaluate your objectives. Are they SMART?

Will you definitively be able to say, it was achieved, yes or no…?

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WHAT DO YOU THINK?

Goals and Objectives Exercise

Achieving BHH Documentation Goals

- Documenting the BHH service provided to client in a clear, concise way
- Assuring that client treatment/recovery plan are kept up-to-date
- Assuring that the services provided are documented ***accurately*** and in a ***timely*** way.
- When documenting a service to a client enrolled in the BHH, the note must identify which of the Six Core BHH Services best describes the service provided.

The Six BHH Core Elements

- **Comprehensive Care Management**
  - assessing needs, recovery/care planning, assigning roles, and monitoring progress.
- **Care Coordination**
  - linking to services, coordinating care, and assisting with making sure referrals to appropriate services are in place.
- **Health Promotion**
  - informing and educating to promote health, intervening to promote healthy lifestyles, and assisting individuals with improving social networks to support and promote healthy living.

The Six BHH Core Elements

- **Patient and Family Support**
  - support to overcome barriers, coaching and other supports to increase self-management skills, support to help individuals access technology and other networks of support, and involving family members, as appropriate, to assist the client in achieving recovery plan goals.
- **Comprehensive Transitional Care**
  - coordination of care between inpatient settings and community care, monitoring access to follow- up care after discharge, and maintaining collaborative linkages with hospitals and inpatient facilities.
- **Referral to Community Support Services**
  - requesting services and information needed to ensure individuals have access to formal and informal resources outside of the BHH, and confirming individual linked with referred service by calling to see if the appointment was kept.

You Are Telling A Specific Story With Specific Details

The Note Must Reflect a Pertinent Objective from a Current Recovery Plan

- Document the goal and objective the client is working toward
- Document the Intervention used (what you did and why)
- Document the client's response to the Intervention
- Document the Plan for the Next Meeting
- Sign with Credential/Job Title, Date, and Time of the Encounter

How To Tell a Specific Story with Specific Details

Goals – What does your client want to achieve?

(Objective: What step can the client take to meet their goal?)

Intervention – How did/how are you helping your client meet their goal/objective?

Response – How did the client react to your intervention?

Plan – What will you and the client do next to continue to work towards the goal/objective?

Intervention

- The intervention describes what you do to help the client complete the objective.
  - What was provided?
  - Why it was provided?
  - When it was provided?
  - Where it was provided?
  - With what intensity and for what duration it was provided?
  - Who provided it?
  - How it was provided?

Use action verbs such as assisted, evaluated, explained, clarified, developed when thinking about what you did.

What You Do is an Action!!! Take the Credit That is Due

Accessed needed services, advocated for resources, analyzed, asked, assessed for the development of a treatment plan, assigned, assisted, communicated, confronted, coordinated with outside sources, coordinated care, demonstrated, differentiated, educated, engaged, elicited, encouraged, explained, explored, gave permission, guided, helped with transitions, identified, informed, intervened, linked a client to external resources, monitored an intervention from a treatment plan objective, motivated, planned with the client activities to address a treatment plan goal, probed, reassured, referred, reflected, reframed, reinforced, supported

REMEMBER: An action word itself does not convey action. You have to explain what you did.

Intervention Exercise

Objective: client will notify case manager as soon as they receive redetermination packet to ensure they do not lose their benefits

BHH CM met with client to follow up on redetermination packet; client missed the deadline last year and was without insurance for several months. Client stated she received the packet, but felt overwhelmed by the size of it. BHH CM walked through and explained each section and the client was able to complete the application. BHH CM also helped the client retrieve her DSS online account password so she can stay on top of her paperwork and know when it has been reviewed. BHH CM made copies of the paperwork for the client and encouraged her to hold on to them until all issues have been resolved.

Objective: client will follow primary care doctor's instructions and wear compression stockings every day for the next 30 days

This nurse called client to follow up with him post-hospitalization; client was admitted to the ER last month for leg pain and hospital staff found a blood clot. Client stated his leg is much better. He also reported he has been wearing the compression stockings every single day and it has helped significantly. Client remains on blood thinners. Nurse reviewed previously prescribed depression and diabetes medications with client and explained the importance of continuing to take these as prescribed while taking the blood thinner. Nurse sent client a chart to help him remember when and how to take all of his medications and a chart with massage techniques that can help with blood circulation.

Objective: client will clean apartment once a week for a month to improve living situation

After a meeting with the client and a cleaning professional, BHH specialist called the client's conservator in order to coordinate payments for the apartment cleaning. On behalf of the client, specialist provided conservator with cleaning service payment information so she could prepare a check.

BHH Specialist met with a cleaning professional and the client on Monday because she received a letter from her landlord last week stating she will get evicted in 30 days if she cannot maintain a safe and clean living space.

Client stated she is unable to clean on her own due to her anxiety and arthritis.

Response

- The response should illustrate two types of responses:
  1. The client's response to the intervention and related progress or non-progress
  2. Whether or not to continue with the same planned intervention or to modify, add, delete or completely alter interventions.

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WHAT DO YOU THINK?

Response Exercise

Plan

The plan should identify what will happen next. When writing the plan try and answer these questions:

1. What are the next steps for the client? For you?
2. Are there take home tasks or assignments?
3. What is the anticipated agenda for the next meeting?

WHAT DO YOU THINK?

Plan Exercise

Breakout Sessions

Review the example given to your group and write an encounter note to reflect the service delivered. Follow the GIRP guidelines and identify the BHH service.

1. GIRP : Goal, intervention, response, plan
2. What is the BHH core service?

Remember: Notes should be clear and concise. More is not always better. Focus on information that is relevant to the goal and objective being addressed.

Breakout Sessions

Objective: Client will attend all scheduled medical appointments over the next 6 months to stay on top of all preventative services.

1. Group 1: BHH CM coordinated an appointment for a pap smear with GYN and client for 7/20/21 @ 3pm. BHH CM will accompany the client to the appointment
2. Group 2: BHH Specialist worked collaboratively with the agency's in-kind staff to ensure that the client medical needs are being addressed
3. Group 3: BHH CM assisted client with arranging transportation to medical appointments
4. Group 4: BHH Specialist assisted client in attending COVID vaccine appointment. Specialist assisted in completing registration forms, read the information, and clarified questions

Encounter Note Example Comparison

Encounter Note Element	Example 1	Example 2
Goal	I would like to improve my health so I can walk and do the physical activities I want to.	I would like to improve my health so I can walk and do the physical activities I want to.
Objective	Client will cook meals at home three times a week for a month	Client will eat out less
Intervention	BHH specialist called client to check progress on her plan to make three home cooked meals. During the call, client mentioned she did not cook three meals last week. Specialist and client discussed some of her barriers to cooking at home including difficulty understanding instructions and challenges around finding recipes with foods she likes. Specialist reviewed basic cooking concepts such as measuring units and provided her with a proper meat temperature sheet.	BHH specialist called client to see if she lost any weight. Client is still eating fast food most of the time. Client said it is hard to lose weight. Specialist asked what vegetables does she like to eat and client said only broccoli and carrots; she does not like peppers or brussel sprouts or cabbage. She will eat onions sometimes. Client's sister was at her house so we could not talk for too long.
Response	The client was disappointed she only cooked two meals, but she began to feel better after the specialist said she is making progress (prior week client only cooked once; last week she cooked twice). The client said she is willing to try recipes that include broccoli and carrots. The client said it is hard to make meals that require more than 3-5 food items.	Client was sad she had fast food for almost every meal last week.
Plan	Specialist will mail client 4 new recipes that have less than 3-5 food items and include broccoli and carrots. The client is going to continue to try and cook three meals this week. Our next call is on 8.13.21. We will begin discussing carbohydrates.	Client will work on cooking more at home. Next appointment with specialist is on 8.13.21.