LNP 162
Psychiatric Medical Records - Fixing the Flaws
Maelisa Hall

Pat: Hi, this is Pat Iyer and welcome to Legal Nurse Podcasts. Today I'm going to be speaking with Maelisa Hall, who is a woman who specializes in teaching therapists how to connect with their paperwork so it's simpler and more meaningful. You know as legal nurse consultants we are all focused on the paperwork and documentation in healthcare.

Maelisa has her Doctorate in Psychology and she has really focused on helping therapists be proud of their documentation. You know as legal nurse consultants we also spend a lot of time interpreting and analyzing documentation on a case. We're looking at medical records, trying to put the pieces of the puzzle together and finding the perspective that would be useful for us in helping us to understand more about therapy records.

She offers a free online private practice paperwork crash course on her website and I'll ask her to give that link at the end. She's providing therapists with tips on improving their documentation.

Maelisa, thank you for coming on the show, I'm so happy that you could spend some time with us today.

Maelisa: Thank so much for having me.

Pat: You got interested in helping therapists improve their documentation. How did this become an area of interest for you?

Maelisa: I was working in a job as a quality improvement and compliance training expert at an agency, a non-profit. I started that job because I really wanted to take a break from therapy. It was a very training heavy position and seemed like something that I would enjoy doing. Through that job, I found that I really did like training a lot and creating little cheat sheets and helping therapists with their documentation. I also found that it was a big need because mental

health professionals don't get a lot of training on documentation. It really depends on their placement and their supervisors.

Through working with people at that agency, I kept hearing over-and-over that we never got any training on this or we never got any help with this. My friends in private practice started asking me questions because they knew the role I had at my job and it sort of went on from there. I realized that it was probably something that people in private practice would also be interested in getting help with. That's when I started my website and started creating training for therapists who didn't have that quality assurance expert who they could call up at their job.

Pat: It sounds like you found an area of need.

Maelisa: Very much so and thankfully for me there wasn't really any competition. There's very few people out there talking about this topic and it is pretty niched down. That helped me to really be able to market it and work with other professionals to collaborate with people who have similar expertise like different people who work with technology, electronic health records or billing for insurance and things like that.

Pat: You mentioned before that you wanted to take a break from your practice area. What type of therapy were you delivering before you got involved with the non-profit?

Maelisa: I did quite a few different things. I was on a crisis response team for a while and really enjoyed that. I did a lot of assessments, so I did both learning disability assessments and career assessments. I also really enjoyed that and did some career counseling along with that. I then did basic therapy where it was very general working with individuals and teams, no couples but some families. It was typically with high need chronic mental illness, so I have done a lot of work with more severe and chronic mental illnesses throughout most of my therapy experience.

I enjoyed all of that but did find the work to be a little bit taxing. Although I really liked working with teams, I would tend to get a little too attached. I found that even though it was an area of interest for me it wasn't really the best fit for me to do for a job. It was better for me

to do that kind of thing volunteering so I wasn't taking that stuff home all the time.

Pat: I can understand what you mean. I've had two teenagers myself. I remember those years.

Maelisa: Yes, it's fun, but it can be a lot of work, especially dealing with families and all the things that can come into a therapy office.

Pat: When you got into the non-profit and you started studying this area, did you find there were resources available to help therapists improve their documentation or was this an area where you were compiling information from lots of diverse sources?

Maelisa: When I first started at that non-profit, they already had created a lot of resources. They had a pretty detailed manual and trainings. It was a very structured program. We also had flexibility to create our own trainings and did that quite a bit, but there were a lot of resources. It was large agency, so there were maybe like nine of us on the team who were all quality improvement training specialists. We were able to also talk with one another, share resources and bounce ideas off one another, so that was huge.

I moved into a management position at another agency and there I found that a lot of other companies or non-profit agencies didn't really have that many resources, so they might have had very few quality assurance people. Those quality assurance people often didn't have a lot of flexibility in terms of where to go to seek out help, how to work with other managers on the team and how to work with clinical directors.

I had an enjoyable experience being a manager at this other agency, but it really did open my eyes to see that most places didn't have as much help. Even though I sort of moved up and became a manager, I ended up doing a lot of things that I didn't do at my last job of taking on bigger responsibilities and other tasks that I never had to do before just because there were so few resources there.

Pat: As legal nurse consultants we spend a lot of time analyzing medical records and sometimes that involves therapy records. Can you give us a sense of what are the areas of weakness that you have become aware of that involve therapy records?

Maelisa: I get a lot of questions from therapists and do a lot of consultations. One of the biggest things that I see that is a pretty hidden problem is that therapists very often will get behind in their paperwork. They may not have notes from a few months of time and sometimes it's a matter of they just need to catch up. Sometimes therapists are perpetually behind.

The big problem that creates is that writing notes from something that happened two months ago is totally different from writing a note from something that happened today. You will see that a lot of the quality does go down. I've noticed that, and I can almost tell if someone has waited a few days or longer to write their note immediately because it's obvious. The language would be a lot vaguer and there won't be a lot of information. It will be kind of hard to tell what's going on and a lot of times the notes will start to sound the same.

That's one of the biggest problems that occurs and then beyond that it's figuring out the common struggle. It's figuring out "Am I writing too much or too little?" That's one of the biggest questions that I get from therapists. I would say that one of their big weaknesses is that therapists will tend to lean towards the side of protecting confidentiality almost to the detriment of the documentation. When we talk about are you writing too much or too little, they will often write very little, thinking that I want to protect my client's confidentiality. I often hear, "If these notes ever" or "If a lawyer ever saw them" or "If they were ever put out in court I wouldn't want anyone to be able to tell what happened" or "I wouldn't want certain information about my client to be shared."

On the flipside, being someone who's objectively looking at those notes they often just end up sounding confusing or it's difficult to tell what was going on. It ends up making the therapists look bad usually, especially if they're answering questions about something that happened months or years ago. They have these poor notes that have very little information in them. They have a really challenging time explaining what happened, remembering what happened and answering questions. They will easily get tripped up by a time line because they don't have a clear picture and it's not written down.

Pat: If you take the word therapy out of those sentences and substitute nursing notes, you're describing the same problem that affects clinical

nurses when they are defendants in a lawsuit. They've got poor notes that don't say a lot, they're not individualized, they don't have details of an incident and they can't remember. You're singing our song Maelisa, so we understand this issue.

Maelisa: It's common, but what's so unfortunate is that a lot of therapists are purposefully doing that and thinking that it's beneficial. Usually when I'm able to talk with people and kind of present some of those scenarios or ask them questions, they realize, "If I wrote a little bit more it would be more helpful.

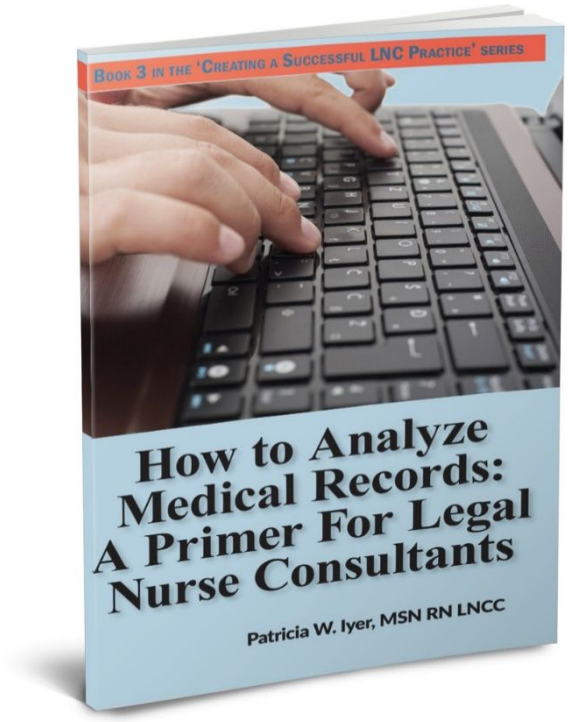
Pat: I'm sure that I have read those cryptic notes in looking at therapy records. Often when legal nurse consultants are involved in cases with therapy records it could be from the perspective of understanding the damages. For example, the person who's involved in a car accident and then experiences post traumatic stress disorder, the rape victim who needs to go to counseling or the person who loses his job.

This is a common scenario that I have seen many times. A man is in a car accident and ends up with injuries that prevent him from working. He needs to stay home. He's no longer the breadwinner. He loses his job. His income goes down. He can't afford therapy. He feels sorry for himself. He gains weight. He becomes short of breath. He feels even worse about himself.

All of that in the legal world impacts from the plaintiff's perspective the damages, so having details about the suffering that this man went through (if we take his situation) is quite valuable for the plaintiff attorney. The plaintiff attorney wants the therapist to document in detail those issues to understand the impact of the car accident.

Maelisa: Right and really from the therapist perspective I try to remind people that it's not even up to them if it's beneficial or not if it's something that happened. Really the point of documentation is to keep a record of what transpired in any event and if that's used to potentially harm or help someone later is really here nor there. It's just a matter of documenting what happened.

Before I continue with the show, I want to draw your attention to a resource that relates to our topic.



How to Analyze Medical Records

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Order this book at http://Lnc.tips/creatingseries and use the code Listened for a 25% discount on the price. This is my number one best seller of all the 25 or so books I sell. Now let's return to the show.

Pat: Why do therapists get behind in their charting? What causes that problem?

Maelisa: A lot of it is avoidance. Obviously, there are some basic time management strategies and a lot of therapists struggle because they are working for themselves. They're managing a practice, maybe working part-time while they have a family, trying to answer phone calls and deal with billing. Especially if they deal with insurance it can be kind of a hassle to follow-up on problematic claims.

Paperwork is kind of the thing that often gets pushed back because often nobody knows about it. If you don't do your billing, then the therapists will feel that. If they didn't see clients, they would feel that. If they don't answer the phone call, they will feel that. If they don't write their notes, there's really nobody coming after them wanting these notes so that one is often the last priority.

Another reason it's often the last priority is that therapists really do have a lot of anxiety around paperwork because they don't get very much training. I've heard a lot of stories of therapists when they were in training where maybe a supervisor actually said to them, "Well that's not my job to teach you about your paperwork. You should have learned that in school." The supervisor doesn't provide any help, or a supervisor maybe points out a couple of negative things about their documentation but never gives any other kind of feedback.

A lot of therapists really have some negative experiences around it and it becomes this negative thing for them to do. To sit down and do their notes has a lot of negative connotations. It feels uncomfortable and they feel stressed about it because when they do sit down to write their notes they don't feel confident that they're doing well. Some therapists will end up taking like up to 30 minutes just to write one note, so then it becomes a task they're avoiding because they're dreading it.

Pat: They probably haven't allowed for that 30 minutes in their schedule when they're booking patients.

Maelisa: Yes, and a lot of therapists tend to see clients in the evening. If you stop seeing clients at 7:00 or 8:00 and then you just want to go home after having a full day, a lot of people will then say, "I'll do my notes tomorrow." It then doesn't happen and so on. It's easy for people to get backed up very quickly.

Pat: What about emergency calls that a therapist may receive from a patient? I'm assuming you've had experience with that. I certainly know about that from some of the issues that can come up if somebody is feeling suicidal, depressed or panicky. Do those types of communications get into the medical record?

Maelisa: They should.

Pat: I listened to the way you answered that Maelisa and that was not, "They *always* get in the records."

Maelisa: Usually therapists are up on something that would be like suicidal ideation or something that would be significant in that way and they would document that. I find that it's more of those kinds of middle-of-the-ground gray areas where they will be a little bit poor about their documentation, so things like self harm.

Maybe they will be good about documenting when the client called them in the middle of the night feeling suicidal, but then they may not be good about documenting two weeks later when that should still be something that they're following up on. They're not continuing that story about what happened. These important things that happen are one incident, but then you're continuing to treat this person potentially for months afterwards. There should be a lot of follow-up around that.

Other things that I often see missed are things like clients who fall off, maybe don't show up one session and then just stop coming. That could potentially be a concern. The therapist will often just not document when people no-show, or when clients call to reschedule something or when clients leave voicemails for them. I recommend that people document all those things.

Pat: Tell me about the way that you see therapy records headed? Are they predominately handwritten? Are they predominately done through electronic medical record systems? What is the pattern or the trend that you're aware of?

Maelisa: Right now, it seems to be about half and half, so about half of the therapists I talk with are still using paper, paper files, filing cabinets and all of that. The other half is using various electronic health records.

There have been quite a few practice management systems that have popped up recently specifically for therapists, which has been helpful. A lot of the EMRs that were created for hospital or medical doctors have a lot of things that don't really apply to therapists, so they can easily get overwhelmed. It's just paying for a lot of things they're not using.

It's been great to see these other practice management systems pop up and I do see a lot of therapists using them, especially to help with billing. As insurance becomes a bigger thing, it's so much easier to click a button and be able to print out a super bill for a client than to have to sit there and fill out the whole thing. It's easier to bill credit cards, to keep a credit card on file inside an EHR, to help with credit card processing and stuff like that. I usually say EHR because that's the term we usually use, but I know in the medical field its more EMR.

I see that probably in the next 10 to15 years becoming much more common in the therapy world because a lot of it relates to client convenience. It's much more convenient for clients to be able to log-in to something and adjust their schedule or upload a credit card than to have to think about bringing a check in nowadays because most people don't carry checks or cash on them or must make a phone call to adjust something. Many people are used to being able to text or go online, so I think that will probably shift quite significantly in the next 10 years or so.

Pat: Are the EHRs that you're familiar with designed to allow for free text entries?

Maelisa: Most of them are, but they vary a lot. They did a blog post about this and talked with a bunch of the EHRs to try and see what the different options are they have for notes. Some of them allow therapists to create their own templates, which is nice, so they can create their own prompts. I recommend a few different types of templates for therapists. SOAP is one of the templates that I'll recommend they try out. I know that one is a lot more common in the medical field.

That's the most common thing and that's mostly what the EHRs have like pre-uploaded inside their systems are templates like that that use a free text field but just have basic prompts. A few of them also use check boxes. Usually it's a combination of check boxes and free text fields. I don't usually like those because a lot of the check boxes just don't really match what that therapist needs. I find that when therapists tend to use check boxes it's not really saying much about what happened.

Being someone who is an objective person and reading the note later if I just read off a bunch of things that are checked off I don't really have an understanding of what happened in that session. It's vague and doesn't tell me that much, but I like that most of the EHRs do and at the very least will have a combination of both or they will tend to lean more towards just having free text fields.

Pat: I was thinking about check boxes as you were talking and was thinking how hard it would be to come up with those because the issues can vary so widely. Would you have a little box that would be checked off that would say depressed for example, but maybe depression is the whole focus of that visit and just having a box would not give you enough information.

Maelisa: Right and depression is something that can look so different in different people. That's why I recommend not to use them because of exactly what you're saying. They will check that off and then I would have no idea what that looks like for this person. It might look totally different for the next client they see.

Pat: Are you encountering systems that include voice dictation to create notes?

Maelisa: The only one I know that uses it specifically is an EHR called "Simple Practice" and they allow people to use dictation on their phone. If they want to write notes on their phone, they have an app. Other than that, I don't know of specific systems, but I do know a therapist who uses Dragon Naturally Speaking. There's another one that I can't remember the name of right now, but they are systems that you can just download to your computer and then they are able to use it for anything that they would normally type.

Pat: I have a vivid memory of being asked to transcribe therapy notes involving a custody battle and the therapist was talking to the child who was the object of the battle. The therapist had about the worst handwriting I think I've ever seen. The attorney for one of the parents, and I'm still not sure which parent, wanted these medical records transcribed. I subcontracted that job to another legal nurse consultant and then when I saw what he brought me I went back over the medical record and try to fill in more words.

We got probably 50% of the words deciphered and the family member, this parent, kept saying "Go on, do more pages." I think we collected probably about 30 hours of time and I felt like what we produced wasn't enough. We weren't even sure if we were accurately reading this. Although after you read somebody's bad handwriting for a while, you begin to find places where you can make it make more sense because you're beginning to see the same phrases over-and-over again. It was incredible, and I kept waiting for the attorney to say "Stop, you're not producing anything of value. That's enough." We would run through 10 hours, would ask for another retainer and would get another retainer. That went on for 30 hours.

As you were talking about voice dictation I was thinking how much easier it would have been if the therapist who had bad handwriting had just said, "Let me dictate these notes." Everybody would have been clear about what was in them.

Maelisa: Yes, and I recommend that to people. I've had the same thing happen where one of the agencies I was working at we had an investigation. It was an older case, but it was to see about whether staff had been acting appropriately with a group of clients and whether they had responded to different complaints about things. I remember that the handwriting was so poor and there were all these handwritten notes. It was so difficult pouring over these notes trying to get the answers that we wanted just because of the handwriting.

Nowadays it's so silly to have something like that hinder anyone because typing for most people is faster and then you don't have to worry about any of those issues. I do recommend that to people when they ask me about keeping paper charts. That's one of things that I will say, "Do you have good handwriting and is it easier for you to keep the paper all organized? Go for it if it's working for you, but if you don't you should strongly consider dictating or typing."

Pat: My next to the last question for you Maelisa is, are there any concepts that legal nurse consultants should be aware of when they read therapy notes?

Maelisa: I always look at the story, so when I'm looking at a chart and reading the notes kind of chronologically from the beginning to the end of the story I want to look for any gaps and are there things that are missing

like those follow-ups. That's common where a therapist will have a note that says, "The next session is going to be October 1st" and then October 1st there's no note, and no explanation of what happened.

I think it's important to identify those gaps and make sure the therapists are following up with things. Like I mentioned in that example of if a client called you up suicidal or if a client recently got back from the psychiatric hospital for example, there should be some consistent follow-up about those issues. Often therapists will kind of drop the ball on that and they will just kind of jump back in. Even though they might be addressing that in the session, they're not writing about it in their notes.

Those are some big things to look for. I think the other important thing is asking yourself can you identify why this person is in therapy and how they're benefiting from therapy. Those are two things that really should be clear from a group of notes at least over time for any therapist in any situation. That should be easy to read. I know it's not always, but that would be what I would be looking for in any case. That's what I would look for and what I recommend to people.

Pat: Those are great points. I know I have seen the kinds of gaps that you're talking about trying to track the progress of a problem and then suddenly there's a big hole in the notes and it's not possible to figure out if the patient and the therapist continue to discuss that issue or it just got pushed to the side.

Maelisa: Yes.

Pat: If our listeners would like to find out more about what you offer and about your services, how can they reach you?

Maelisa: They're welcome to go to my website www.QAprep.com. I have a ton of resources there if you want to see examples of treatment plans, notes and things like that. I have a free crash course that people can sign up for on the website so that way you can kind of see some examples and see some different ideas for writing notes. I go through four different note writing templates within that crash course, so that might be helpful for some people to check out and see what other different options that therapists have.

Pat: I appreciate you shedding some light about therapy notes and I appreciate the time that you spent with us today.

Maelisa: No problem. Thank you so much for having me.

Pat: This has been Pat Iyer talking with Maelisa Hall about therapy notes. A lot of the points that Maelisa has shared with us are so important for us to understand as legal nurse consultants. We know the holes in documentation affect a wide variety of healthcare providers. It's encouraging to know that Maelisa is out there helping therapists strengthen their documentation so that they can more completely describe what they're doing with their clients.

Thank you, to you the listener, for being part of this show. Please subscribe to it. We have lots of episodes coming up and we love sharing ideas that will help you in your legal nurse consulting practice. If there's a topic that you would like to have covered, please send me an email at PatIyer@legalnursebusiness.com.

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