

CLEAR PATH YEAR 2 OPERATIONALIZING THE PROGRAM

YEAR 1 REVIEW
YEAR 2 PLANNING



YEAR 1 REVIEW

- Two All Day trainings in November and April.
- -Half-day meeting in April with the Agencies Clinical Champions(added)
- -A total of 11 Clinical/Operational Training webinars provided plus 3 added on additional topics that members requested (De-Escalation, PTSD, Identifying Behavioral Health clients for Therapy)(Added post-tests for Clinical Webinars and Resource Lists)
- -12 Clinical Champion Calls
- -Individual calls with Clear Path agencies-Case Reviews, Operations Call, Review of Marketing Materials (On an as needed basis, sometimes as many as 3 per week)
- -Development of Outcomes for ClearPath
- Materials-Manuals, CareGuides, Handouts, Post tests, Training folders



YEAR 1 TRACKING SHEET (have 1 for every staff member) (SEE ATTACHED)

NAME			AGENCY _____
On-site Training	Date Completed	Check When Completed	NOTES
FULL DAY TRAINING (8 hours)	11/4/13 or 4/29/14		
Motivational Interviewing			
Webinars			
Depression	12/6/2013		
Anxiety	1/10/2014		
Outcomes to Track	2/7/2014		
Bipolar Disorder	6/6/2014		
PTSD	8/1/2014		
Handling Psych Emergencies	4/4/2014		
Thought Disorders	5/9/2014		
Review of Behavioral Health Assessment Tools	3/7/2014		
De-escalation	4/14/2014		
Marketing Behavioral Health I	7/11/2014		



WHERE SHOULD YOU BE AFTER YEAR 1?

- TRAINED STAFF (5-10)
- STAFF HAS ATTENDED TRAINING and WEBINAR
- REVIEWED MANUAL
- DOCUMENTATION (MH NOTE DEVELOPED)
- COMPETENCIES COMPLETED
- HR CHART ON ALL BEHAVIORAL TRAINING & COMPETENCIES
- REFERRAL PROCESS (INTERNAL AND EXTERNAL)
 - Begun Tracking Referrals (Behavioral Health Referral Tracking Form)
- DECIDED HOW YOU WANT TO PROCEED
 - PROGRAM vs. INTEGRATED APPROACH



YEAR 2 PLANS

- One on-site training
- Organizational Webinar
- 1/2 day for Clinical Champions
- 6 Clinical Webinars- Want your feedback
- 6 scheduled individual agency calls
- Calls/consulting as needed
- Materials-Manual, CareGuides, Training materials
- Outcomes tracking support
- Conference Calls from Year 1 still available



CHECKLIST FOR YEAR 2



- DETERMINE STAFF INTEREST & # TRAINED STAFF
- **CHOOSE PROGRAM CHAMPION**
- PROGRAM ORIENTATION (KEEP RECORDS OF ALL COMPLETED WEBINARS, FULL-DAY TRAININGS, COMPETENCIES, etc.)
 - REVIEW MANUAL
 - Orientation Developed (Minimum requirements)
 - Review Psychiatric Nurse Assessment per clinician. Sec 3, pgs. 9-10
 - Complete Self-Learning Quiz Sec 3, pgs. 17-22
 - Take competency test in manual . Sec3, pgs.24-34
 - Complete All Self Learning Modules. Section 3 pgs.35- 41
 - Review orientation checklist in manual and tracking for ClearPath training (SEE ATTACHED)



mentoring
mentor creative transformative
advice support trust
invaluable expert benefits
growth

"**Mentoring** involves a voluntary, mutually beneficial and usually long-term professional relationship. In this relationship, one person is an experienced and knowledgeable leader (mentor) who supports the maturation of a less-experienced person with leadership potential (mentee)"

"A mentor is a collaborative partner who is a role model and motivator, providing support, help, enthusiasm, inspiration and nurturing in a non-structured learning environment. A mentor is an active listener who will provide a safe, non-judgmental, friendly and creative atmosphere for the mentee."

Mentoring responsibilities include teaching, counseling, confirmation, accepting, friendship, protection, coaching, and sponsorship.

GOAL-achieve safe and competent nursing practice

MENTOR-Needs training and expectations for role.
MENTEE-Needs training and expectations.

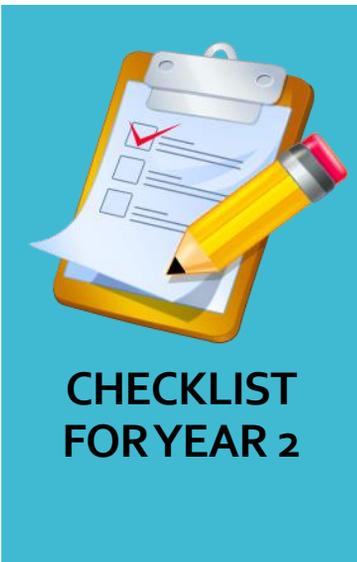
- PAIR A MENTOR WITH A MENTEE
- Schedule visit observations and training – review of cases and interventions that mentee is implementing
- Determine # of visits to observe with Mentor
- Determine when Mentor will observe Mentee
- Review documentation and provide feedback





Mentor will assess the following skills in the Mentee:

- ❖ Development of a therapeutic relationship
- ❖ Establishing a contract with patient with clear expectations of nurse's and patient's roles; length of visit, frequency of visit. Etc.
- ❖ Use of evidence based tools to guide therapeutic interventions
- ❖ Communicating appropriately and adequately with physician.
- ❖ Documentation
- ❖ Case Management



• REFERRALS

- Utilizing tracking for BH referrals and patients (BH Referral Tracking Form) Sec 3. pg.46
- Intake form for BH .Sec 7 pg.2
- Internal vs. External process
- Look at PHQ-9



CHECKLIST FOR YEAR 2

CLINICAL OVERSIGHT

- QI/PI-Behavioral Health Audit Tool-Sec 7 pgs.21-22
- Program Champion
- Monthly meeting with psych staff
 - Case Conferences
 - Recert
 - High Risk



SKILLS DAY FOR PSYCH STAFF

MORNING

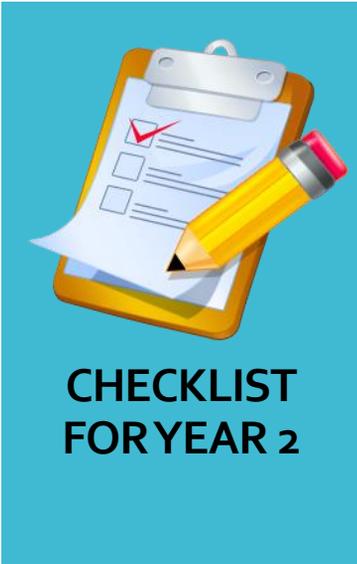
REVIEW & DEMONSTRATE

- Assessment tools
 - Practice
- Normalizing the idea of a psych diagnosis
 - Present
- Establishing the limits of the visits

AFTERNOON

PRESENT CASE STUDIES

- What needs to be assessed?
- How would you communicate to client?
- What would you document?
- Careplan



• **DOCUMENTATION**

- Behavioral Health Note or documentation is available to use
- Staff Comfortable with BH Assessments-
- Assessments are integrated in to practice at SOC & before Recert
- Teaching Tools Utilized regularly and documented



DEVELOP TOP 10 LIST

ACCOUNT	ACCOUNT TYPE	ACCOUNT STRATEGY	ACTION STEPS	GOAL DATE	PROJECTED REFERRALS	QUARTER REVIEW

DEVELOP BUSINESS PLAN

- Set Goals for Agency – i.e. number of psych patients per week/ month/quarter
- Dev. target list for referrals
- Look for partnerships
 - Hospitals
 - ACOs
 - Payers
 - Assisted Living
- Marketing-brochure, social media, web site



CLEARPATH BEHAVIORAL HEALTH OUTCOMES FORM

DATE _____ AGENCY _____
 PATIENT/NUMBER _____ NURSE _____

PYSCH DIAGNOSES _____
 MEDICAL DIAGNOSES _____

REFERRED FROM: HOSPITAL _____ MD OFFICE _____
 CLINIC _____ OTHER _____

NUMBER OF PSYCH VISITS _____ EPISODE _____
 How Many Episode(s) _____

PROBLEM MAIN REASON FOR REFERRAL TO PSYCH _____

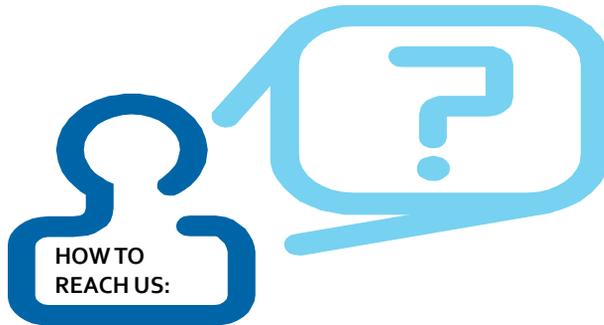
OUTCOMES TO TRACK

- 1) GDS SCORE AT SOC(1) _____ GDS SCORE AT RECERT/Discharge(1) _____
 GDS SCORE AT SOC (2) _____ GDS SCORE AT RECERT/Discharge (2) _____
 GDS SCORE AT SOC (3) _____ GDS SCORE AT RECERT/Discharge (3) _____
- 2) Mini-Cog SCORE AT SOC(1) _____ Mini-Cog SCORE AT RECERT/Discharge(1) _____
 Mini-Cog SCORE AT SOC(2) _____ Mini-Cog SCORE AT RECERT/Discharge(2) _____
 Mini-Cog SCORE AT SOC(3) _____ Mini-Cog SCORE AT RECERT/Discharge(3) _____
- 3) Hospitalized during episode YES or NO Which episode _____
 Referred back after hospitalization _____
 Reason for hospitalization:
 Exacerbation of primary dx
 New problem
 Not compliant with treatment
 Other _____
 Discharged due to hospitalization (not referred back) _____
- 4) ER Visit during episode for psychiatric services YES or NO Which episode? _____
- 5) Compliance at Home Health Discharge
 - a. With Psychiatric Medications
 - i. Taking Correctly all the time _____
 - ii. Taking Correctly 50% of the time _____
 - iii. Not Taking Correctly at All _____
 - b. Linkage to Outpatient Services
 - i. YES or NO _____

SAMPLE

OUTCOMES TRACKING

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