

Harborview PRCC Orientation



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Introduction

The Harborview Psychiatry Residents Continuity Clinic (PRCC) was developed to meet the educational needs of residents while providing psychiatric care to an underserved population. The experience of caring for patients in the outpatient setting for an extended period of time using both psychopharmacologic and psychotherapeutic approaches is an essential part of psychiatric development. While residents receive the educational benefits of the clinic, in turn patients from the community who would otherwise have limited access to psychotherapeutic care are served.

While the focus of resident education is direct patient care, seminars and supervision are equally important in providing specific training and support. Residents attend three seminars throughout the course of their training at PRCC: Supportive Psychotherapy, Brief Analytic Psychotherapy (BAP) and Cognitive Behavioral Therapy (CBT). Each seminar is led by faculty members with expertise in the respective form of psychotherapy. Residents are also required to attend both on-site and off-site supervision. On-site supervision groups meet weekly to triage patient care concerns and learn from other resident's experiences. In-depth learning occurs in the off-site individual supervision.

There is the unique opportunity at PRCC to develop long term relationships with patients, and to foster your own psychotherapy interests. There is also the opportunity to perform long term medication management of patients in the outpatient setting. Residents are encouraged to consider following a handful of medication management patients, if this would be valuable to your training.

It is expected that residents in the PRCC will act as the primary psychiatric providers for their patients and will take responsibility for all aspects of patient care. Keep this in mind when planning your schedule, developing treatment plans with your patients and arranging coverage for your patients when you are not in clinic. An essential element of being a long term outpatient psychiatric provider is informed consent and collaborative treatment planning. Even as you start to work with your patients in the PRCC, keep in mind how you will determine if treatment is complete, where the patient will receive care if they require it beyond your tenure, and how you will facilitate termination with the patient, if/when necessary.

We hope that you have an educational and stimulating experience at PRCC. Please communicate often with the Chief Resident and Associate Training Director. Residents are encouraged to be active in customizing the rotation to meet their personal goals, and we welcome your feedback. PRCC is lucky to have some of the best administrative support in the entire hospital! Linda Lawson and Erlinda Dagdag are available to help you meet the needs of your patients.

Good luck and welcome to Harborview's PRCC!

PRCC Contact Information

Robert Sise HMC Outpatient Chief Resident

Pager:

Office: 744-5924

Cell Phone:

Email:

Carolyn Brenner, HMC Associate Training Director, Clinic Medical Director

Pager: 206-540-3069

Email: brennerc@uw.edu

Laura Collins, Clinic Manager

Office: 744-8519

Email: laurac@uw.edu

Linda Lawson, Patient Services Specialist

Email: llawson@uw.edu

Office: 744-3452

Erlinda Dagdag, Patient Services Specialist

Email: erlindad@uw.edu

Office: 744-3452

Front desk number: 744-3452 (direct number, okay to give number to patients)

Front desk email: psyappts@u.washington.edu

HMC Financial Counseling: 206-744-3084

PRCC fax: 744-3427

PRCC address:

Harborview Medical Center, 5th Floor, East Clinic

Box 359896

325 Ninth Ave.

Seattle, WA 98104

PRCC campus mailstop: **359896**

General Information

Hours of Operation

The Psychiatry Resident Continuity Clinic, located in the 5-East Clinic in Harborview Medical Center, is open Monday through Friday from 7 am to 5 pm. Patients should be seen during these hours.

Room Assignment

Residents are assigned to offices and it is the intention of the clinic that residents keep the same office for the duration of the rotation (6-12 months), however, there are times when residents and attendings need to change offices to accommodate the needs of the clinic. Residents may bring items to make themselves and their patients comfortable, however keep in mind that the offices are shared, so please be considerate of others.

Each office has an emergency alarm. Please familiarize yourself with the location of the alarm, so you will be prepared to use it if needed.

Phones and Pagers

There is no voicemail service on the telephones in individual offices of the PRCC. Please direct patients to call the PRCC office to get in touch with you (Linda will page you if a patient calls).

** Most residents choose NOT to give out their pager number but instead encourage the patient to call the front desk (744-3452) for an urgent matter that cannot wait till the next week, and Linda will then send you a page. ** If you would like to give out your pager number, please discuss this decision with your supervisors. (DBT is a special situation when personal pager numbers are often given out).

Example of a pager voice mail message:

“Hello. This is Dr. Blogs. Please leave a detailed message for me, including your telephone number and a good time to return you call. I generally return calls made during the day by the end of the business day and return after hours messages the following business day. If this is an emergency, please hang-up and call 911 for immediate assistance. If you are calling after-hours and need to speak to a psychiatrist urgently, call the Harborview operator at (206)744-3000 and ask to be directed to the psychiatric resident on call.”

Photocopier, FAX Machine, and Scanner

The copier is located in the mailroom (5EC01), near the front desk. You do not need an access code. The fax machine is also located in the mailroom and the fax number is 206-744-3427. Fax

coversheets are located in the white binder near the fax machine. Please see instructions on the wall in the mailroom for scanning.

Mail

All residents will be given a slot in the mailroom (5EC01). Residents are asked to check their mail regularly, as this is where you will receive important memos, charts, billing information, etc. Campus mail (HMC and UW) is addressed to mail stops (the mail stop for 5-East Clinic is **359896**). There is a box beneath the resident mail slots for all outgoing mail (campus and US postal mail). Outgoing mail sent via the US postal system does not require a stamp – it will be metered in the mailroom. Please address the envelope and include the mail stop in the return address. The front desk will assist you in obtaining stationery. If you will be sending campus mail, make sure that the mail stop number, name of the recipient and department are legible.

Leave Policy

Residents are responsible for arranging coverage for all types of non-emergency leave. The standard advance notice for non-emergency time off coincides with scheduled appointments, usually 4-8 weeks. It is the resident's responsibility to notify group supervisors, the main residency office, the 5-East Clinic and (especially) your patients of your absence. **Please fill out a vacation/leave slip, available at the front desk and in the mailroom, and give this to Alejandro.** Please also **use the Epic “out” feature** to ensure your In Basket is being directed to the covering resident ([see below](#)). Coverage should be provided by other residents in your supervision group, as they are familiar with your patients. In the case of unplanned absences, residents should call the clinic directly. Clinic staff check the voicemail and email regularly during business hours and will make the necessary adjustments to the residents' scheduling templates.

NOTE: The front desk needs to know when residents are out of town, ill, or otherwise unable to answer their pager, **even if it is not a day when a resident is scheduled to be in clinic.**

Patient Parking

Parking is available at the View Park Garage. The clinic does not offer parking validation for appointments. It is wise to advise patients to allow plenty of time to find parking, so as not to arrive late. There is some off-street metered parking and the hospital is served by Metro bus routes, 3, 4, 9, and 60.

Clinical Requirements and Supervision

Patient Contact Hours

Residents generally start with one weekly psychotherapy patient during their Supportive Psychotherapy Seminar. When they begin their BAP seminar, a second patient is assigned. Thereafter, residents are expected to have two scheduled direct patient contact hours per half day in clinic while they are also attending seminars (4 direct patient care hours per full day if still attending a seminar). After seminars are completed, residents are required to have at least 2.5 hours of scheduled patient contact per half day in the clinic (5 direct patient care hours per full day once seminars are complete). Remaining time can be spent in group supervision, off site supervision, chart review, reading, etc. Confused yet? Here it is in a tabular format (see also, “Sample Schedules,” below):

Yr	Modality	Months	Duration	Total pt-care hrs
R2s	Supportive	Sept-Dec	0.5 day	1
	BAP	Jan-June	0.5 day	2
R3s	CBT	July-Dec	1 day	≥ 4
R3s	Mixed	Jan-June	1 day	≥ 5
R4s	Mixed	July–June	≥ 0.5 days	≥ 2.5 per ½ day

Residents are encouraged to consider taking on a handful of “medication management” patients during a half-hour or an hour time slot, if that would be valuable to your training. Keep in mind that your schedule needs to be full most of the time, even if you schedule medication management patients. As an example, if you are an R3 or R4 with a half day in clinic, you might see two patients for 50 min psychotherapy visits and keep one 30 minute slot for medication management patients. Since these slots need to be full most of the time, if you are seeing patients at a monthly interval, you would need to have approximately 4 medication management patients. If you are seeing patients at a 2 month interval, you should see approximately 8 medication management patients. Please discuss with the chief resident if you have questions.

Sample Schedules

R2s, August-December, per half day at clinic should have:

- 1 hour patient care (psychotherapy patient +/- medication management)
- 1 hour supervision by HMC attending group supervisor; “case load supervision”
- 1 hour psychotherapy supervision (often off-site and occurring on another day)
- 1 hour of Supportive Psychotherapy Seminar

R2s, January-June, per half day at clinic should have:

- 2 hours patient care [two psychotherapy patients +/- medication management]
- 1 hour supervision by HMC attending psychiatrist group supervisor
- 1 hour psychotherapy supervision (often off-site and occurring on another day)
- 1 hour of Brief Analytic Psychotherapy Seminar

R3s or R4s still attending any seminar (CBT, BAP or supportive) *per half day* at clinic (note that most R3's start with a full day in clinic, so this should be doubled):

- 2 hours patient care [two psychotherapy patients +/- medication management]
- 1 hour supervision by HMC attending psychiatrist group supervisor
- 1 hour psychotherapy supervision (often off-site and occurring on another day)
- 1 hour of Seminar (3:00 to 4:00)

R3s or R4s NOT attending any seminar (CBT, BAP or supportive) *per half day* at clinic should have:

- 2.5 hours of patient care [two psychotherapy patients +/- medication management AND 1 medication management only 30 minute visit (caring for approx.. 4-8 patients in this slot, as described above)] ... for a full day of clinic, you could alternatively have 5 hours of psychotherapy +/- medication management patients.
- 30min- 1 hour supervision by HMC attending psychiatrist group supervisor
- 1 hour psychotherapy supervision (often off-site and occurring on another day)

The chief resident and associate training director may assess the capacity of your clinic and request that you pick up new patients from the wait list if you are not regularly filling the minimum patient care requirements. If you choose to not select a patient from the wait list, one will be assigned to you.

Psychotherapy Supervision

Each resident is assigned to an off-site psychotherapy supervisor who will serve as their supervisor throughout R2 year (during both the Supportive and BAP seminars). Residents meet with this supervisor weekly. Beginning in R3 year, residents will be assigned a CBT supervisor as well. Once residents complete a seminar, it is their discretion if they choose to terminate with their supervisor (finding a new supervisor with a different perspective) or to continue with that supervisor. During the R3 and R4 years, residents are required to have at least two individual psychotherapy supervisors (NOTE: this does not include your group supervisor but may include one or more individual supervisors who you were assigned during your seminars).

Psychotherapy supervision is an excellent time to review video or audio tapes. Residents are strongly encouraged to videotape (consider audiotaping if the patient is hesitant to videotape) all patient visits and to review these in supervision. In the future, videotaping will help fulfill ACGME requirements for direct observation of patient interactions. Please fill out the Video Tape Consent Form (located in the file folder in your office, or at the front). See the [appendix](#) for information on mapping your computer, and viewing video tapes off-site.

Group Supervision aka “Caseload Supervision”

Residents will be assigned to a group for weekly on-site supervision. The resident's caseload supervisor is the attending who has medicolegal responsibility for the patient's care and is responsible for signing all notes. Group supervision sessions are used to present cases, hear about other residents' patients, and ask for help with difficult cases. Residents receive medication management supervision in this setting. Caseloads may be reviewed informally during these groups to ensure residents have enough patient contact hours and a balanced caseload, and to help solve any issues that are preventing residents from meeting the

requirements of the program (e.g., patients who do not come in for appointments). General issues related to outpatient care, such as crisis management, termination, family involvement, limit setting, formulations, etc., are also discussed. When the caseload supervisor is away, there will be no group supervision, but the attending should let you know who is covering for him or her and you should send your notes to this person and contact them with urgent matters.

There is also a “Doc of the Day” that can be reached for urgent matters (except Thursdays) that you can find on the short call schedule link:

<https://hmc.uwmedicine.org/BU/Psychiatry/Lists/ShortCall%20Calendar/calendar.aspx>

Or from the hospital website (<https://hmc.uwmedicine.org/Pages/home.aspx>)

Click on Divisions and Departments TAB

Then click on Psychiatry and Behavioral Health Services

Then on the left side, click on Inpatient Psychiatry

Then look on the left side, under the heading “TEAMS” you will finally find the “Short-call and Doc of the Day Calendar”

Benefits of PRCC group supervision:

- Improved communication between residents and supervisors.
- Residents learn from each other and their supervisor and receive direct feedback.
- Residents have a regular, scheduled time to receive guidance and support when a patient is in crisis.
- Coverage is improved by having residents know about each other’s patients.
- Documentation of educational requirements, caseload, and attendance is improved for the purpose of graduation and board eligibility.
- Residents are able to observe or watch videotapes of patient sessions.

Referrals to the Psychiatry Resident Continuity Clinic

When thinking about referrals to the PRCC, it is important to keep in mind that the purpose of the clinic is to provide residents with the opportunity to treat patients who require and will benefit from long-term treatment. Residents may see a patient for up to 2.5 years. The following “scope of practice” criteria have been developed to ensure that the resident’s experience in the PRCC is a good one.

Criteria for Referrals

- Patient should have a history of good compliance with treatment recommendations
- Patient should not require urgent, emergency care (or be actively suicidal)
- Patient should not have an active substance abuse problem requiring chemical dependency treatment, and should have a minimum of six months sobriety
- Patient should not require case management

Referral Sources

Patients are referred to the PRCC from several sources. The biggest source of referrals is the HMC Primary Care Clinics that refer patients who have been seen by consulting psychiatrists and psychologists. Other sources of referral include the Inpatient Psychiatry Services, the PES,

Harborview Mental Health Services, MHIP, attending psychiatrists from the UW Psychiatry Department, and LTCC at the UW (UPOC). The PRCC is working on developing a protocol to accept referrals from the community that keeps the educational needs of the residents and needs of patients balanced, however please discuss this possibility with the chief resident and supervisor. The PRCC is advertised on the UW Medicine website, however there is not an updated link to the PRCC Referral Form. The front desk has copies.

Referrals are primarily reviewed by the outpatient chief resident. The associate residency director and clinic manager will also assist in reviewing complex or questionable referrals. The patient's clinical history and psychiatric evaluation are reviewed to determine if the patient is a good candidate for the PRCC. The clinic staff will enter all referrals into EPIC, complete the registration and financial screen, check CLS, and hand the referral back to the chief resident for approval or declination.

If the patient has been accepted into the PRCC and placed on the waitlist, PRCC Clinic staff will mail the patient a letter informing them of their waitlist status. This letter will also include a list of other referrals the patient may wish to pursue instead of the PRCC. The general length of time patients remain on the waitlist is 2-4 months.

Patient Care

When you begin your rotation, PRCC staff will have created a template (or schedule) for each resident in EPIC. This template will have available patient slots anytime you are in clinic (7-12pm for AMs, 8-5pm for full days, and 1-5pm for PMs) other than seminar and group supervision times, which will be automatically blocked in your schedule. If there are further hours that should be blocked, please inform the clinic staff and they will make the necessary adjustments. Keep in mind the requirements for patient care hours as described above when blocking off any patient care times.

Patient Check-In

Patients check in at the reception desk at the south end of the clinic. Alejandro sits in the front window and Linda sits in the side window. They will indicate the patient has "arrived" in EPIC and verify any change in address, phone number, or insurance. Please be sure to check the waiting room for your patient at the scheduled appointment time. The resident will go to the waiting area to greet the patient and escort the patient to the session room. If running late, please let the front desk know so they may alert the waiting patient.

Summoning Help

Each office is equipped with an emergency alarm that will summon public safety officers to the room. Security can be on stand-by if you are seeing a patient who is expected to be agitated or out of control. Please work with the front desk to arrange this. Please take every step possible to stay safe and to ask for help when needed. If you want to consult security or call for less urgent assistance, you can reach HMC security at (206)744-5555.

Inpatient Hospitalization

A situation may arise when your evaluation of the patient requires inpatient psychiatric

hospitalization. Alert your caseload supervisor as soon as possible if you are considering hospitalization as they may be able to assist you and can help you triage the process of hospitalization from an outpatient setting. If you are unable to get in touch with your supervisor, please know that you can call the “Doc of the Day” back up attending.

If you feel the patient will require hospitalization, alert the PES immediately.

Call security 744-5555 and have them walk with you to the “back triage area” (ambulance entrance) NOT into the PES.

Residents should write a thorough note as quickly as possible. In addition residents should assist with admission notes, affidavits or other paperwork as they are able.

Charting and Documentation

Daily Schedule

At the beginning of each clinic day, residents should check their schedule online by logging onto Epic. It is important to review whether or not the schedule is correct and up to date. Throughout the day you are required to track the patients who attend, no show and cancel on the schedule as directed.

NOTE: The door to the mailroom is often locked by 4:45pm. If you have schedules to return to the PRCC staff, they can be slid underneath the front desk door, face down, to protect patient health information.

Scheduling Appointments:

The front desk must be informed of all appointments and cancellations so visits can be tracked. It is important to notify the front office staff of changes or cancellations as soon as they happen to prevent confusion when reminder calls are made.

Scheduling follow up appointments:

Re-occurring visits can be scheduled in advance by requesting a recurrent visit on the appointment slip (you can say “schedule 6 months”). There are multiple ways to have patients scheduled for follow up appointments. These include:

- 1) Send a Epic message to P HMC PSYCHIATRY RESIDENT FRONT DESK POOL [50121039] that includes patient name, HMC number, provider name and number, day, date, time, and length of the appointment. This is the preferred way of scheduling follow up.
- 2) Have patient schedule appointment at front desk after your appointment. Complete the “Follow-up” portion of the discharge tab, noting the exact date and time. Have the patient present the after visit summary with information about desired return appointment to Linda after the appointment, who can help them schedule the appointment.

Scheduling initial appointment with new patient:

If you would like to schedule an appointment with a new patient from the waitlist, please contact

Linda to schedule an appointment. This can be done by emailing her (psyappts@u.washington.edu) or sending her a message through Epic. To send her a message through Epic, add P HMC PSYCHIATRY RESIDENT FRONT DESK POOL [50121039] as a recipient. Include the patient's name, H-number and appointment information: date(s), time, frequency, length.

If you have any questions about scheduling appointments you can send the front desk a epic message or email psyappts@u.washington.edu,

Documentation & Charting in Epic

All documentation occurs through Epic. If you have questions about using Epic, there are Epic support staff available to help you. Please see the [EPIC Clinic Guidelines](#) and [Requirements for Epic Charting](#) below for charting guidelines, including required steps.

- 1) After logging in, you'll need to select the correct department. For psychiatry resident continuity clinic select: HMC PSYCHIATRY RESIDENT CLINIC
- 2) Before the patient arrives, you can review the chart by clicking "Review" (you cannot begin charting until the patient has "arrived" on your schedule). By double clicking on the patient after they have arrived you will open up a patient encounter.
- 3) Documenting in EPIC: There are a number of things that must be documented on each encounter, please see [Requirements for Epic Charting](#) in the appendix., Here is a list of things that need to be documented for each patient encounter. They are broken up based on the tabs on the left hand side in patient encounter. The tabs that are in bold and underlined are tabs where you have to click or enter something before completing note:
 - a) Review: Past notes, labs, eegs, imaging and referrals are
 - b) Care everywhere: Link to records from outside hospitals
 - c) MINDscape: See notes from ORCA
 - d) Synopsis: Previous vitals
 - e) Result review: Previous labs
 - f) Pre visit: Information about care teams
 - g) **Rooming: Enter chief complaint (ie anxiety, depression or insomnia)**
 - h) **Notes:** There are standard, department-approved templates to follow for intakes and progress notes. All notes should be directly entered into Epic. It is important that the note is matched to the correct encounter, so please only begin documenting after the patient has checked into Epic. You can select a template by clicking on the SmartText box and add templates to your favorite list to make them easier to access. Please use the following templates:
 - i) **"Psy Psychiatric Intake/Evaluation:"** Use for intakes.
 - ii) **"Psy HMHS Psychotherapy:"** Use for psychotherapy only visits.
 - iii) **"Psychiatry E&M with Psychotherapy:"** Use for med management + psychotherapy follow-up visits.
 - iv) **"Psy Psychiatry Outpatient Provider:"** Use for E&M only visits.
 - i) **Charting: Enter GAD 7 and PHQ 9 scores**
 - j) **Orders:** Tasks under orders tab include:
 - i) Review problem list (click "marked as reviewed")
 - ii) Review medications (click "marked as reviewed")
 - iii) Enter visit diagnosis
 - k) Communications

- l) **Discharge:** Tasks under orders tab include:
 - i) Billing: Enter level of service (ie billing code), see below for more information. Use modifier “Signed note only” or “SNO” if the attending did not see the patient with you. Use modifier “GC” if the attending was present for part of the interview.
 - ii) Follow up: Write in when you want to follow up with patient. This is included in the after visit summary for the patient. By filling out this box you are not scheduling them for an appointment. This needs to be done through the front desk.
 - iii) After visit summary: Under “patient instructions” write any information you want the patient to have. Click “print” under the “after visit summary” tab and it will be printed at the printer near the front desk. If you don’t want to print an after visit summary click “Patient declined AVS.” This is monitored so please either print a after visit summary or click the box to say it was declined.
- m) Administrative
- n) **Sign visit:** Select the cosigner (your caseload supervsiori) and click “sign visit” box. If anything is missing it will prompt you to complete this.

Billing

Level of Service: *There are three options here: a) E&M only (i.e. no psychotherapy), b) E&M with psychotherapy, or c) Psychotherapy only.

- a. **E&M only:** Use 99201-99205 (E1 through E5). **For NEW intakes, use:** PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES[90792].
- b. **E&M w/ Psychotherapy:** Use the above E&M codes and then use an "add-on" code for psychotherapy. This add-on should be 90833, 90836, or 90838 (ex: PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN [90833]). ****NOTE: this is different than PSYCHOTHERAPY PT&/FAMILY 45 MIN [90834], which is not the correct add-on code.**
- c. **Psychotherapy Only:** use the psychotherapy codes: 90832, 90834, 90837 (ex: PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES[90834]).
 - i. **Psychotherapy Rounding Rules:** For psychotherapy, we bill for time. The following applies to the amount of time you are doing psychotherapy only (not E&M): 16-37 actual minutes codes to 30min, 38-52 mins codes to 45min, and 53 and over codes to 60mins. Anything less than 16mins can't be billed with the psychotherapy code.
- d. **Overview**
 - i. **Psychotherapy ONLY:** Billing is based solely on time
 - 90832 – 16-37 min
 - 90834 – 38-52 min
 - 90837 – 53+ min
 - ii. **E&M with Psychotherapy Add-on Codes**
 1. Choose E&M code based on history, exam, and medical decision making

	HPI	ROS	Past Hx	MDM
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E2 (99212)	1-3	None	None	SF
E3 (99213)	1-3	1	None	Low
E4 (99214)	4+	2-9	1	Med
E5 (99215)	4+	10+	2-3	High

iii. Choose therapy add-on code based on time (will have to associate with diagnosis by clicking on wand key to the right of where you write in diagnosis code)

90833 – 16-37 min

90836 – 38-52 min

90839 – 53+ min

vi. **Modifiers:** SNO (signed note only, when patient not seen by attending)

Additional Level of Service Documentation: This is to ensure the patient is not over-billed for visits in which an attending does not see a patient, or during visits when only psychotherapy (no medication management) is provided:

2) If you see a patient without an attending present (as happens at PRCC): Add a "modifier" to the Level of Service by clicking the blue word "none" next to the word "Modifiers." Type in "SNO" in the first modifiers box, and "Signed Note Only" should pop up. Select this and click accept.

3) If you provided therapy only for a patient (no E&M/medications): Click the "Administrative" tab (this is below the "Discharge" tab) → click "FOB Worksheet" → Select the "Other" tab (you'll see 3 tabs: "Procedure Only Visit," "Preventative Medicine Exam Only," and "Other") → Type into the comment box: "therapy only."

Epic In Basket and "Out"

Residents are expected to check their Epic In Basket every day they are in clinic, and to respond to messages from clinic staff, primary care providers, pharmacies, etc. If you will be out of clinic for vacation or educational leave, please use the "Out" feature, and list a covering resident (generally someone in your Caseload Supervision Group) who will cover for you and receive your Epic In Basket messages.

General Tips for Documentation

It is important to understand that your psychotherapy initial evaluations and progress notes are part of the general medical record, accessible to other providers and to you patients. While discussion of sensitive and specific issues is often important during the psychotherapeutic process, detailed documentation is not necessarily appropriate for the general medical record. *Keep in mind that in the next couple of months, patients will have access to your full therapy notes.* Your notes in the medical record should serve to summarize generally the issues discussed, track ongoing psychiatric symptoms, identify possible medications side effects, document the mental status exam, track current medications, identify adjustments to the assessment/formulation, and describe changes to the patient treatment plan (meds, psychotherapeutic approaches, referrals, etc). Please consult your chief resident and supervisors for tips and ideas regarding psychotherapy documentation.

Prescriptions

Prescriptions should be filled out under the “Orders” tab of Epic. If you can’t find your prescription under “Preference List,” look under the “Facility List” or “Database Lookup” tabs. Prescriptions get routed directly to a patient’s pharmacy. If you have trouble finding a pharmacy or writing prescriptions, call an Epic support staff to help solve the problem. If you still have difficulty, you can call the patient’s pharmacy or ask Linda for a prescription pad (in this instance, please also add new medications to the “Medication List” in Epic, and try to problem solve in Epic after the patient leaves).

Clinical Communication and QI Investigations

The preferred way of communication about patient care is verbal. If email is necessary about routine care our email is secure but avoid putting a lot of clinical information in an email. Residents may be involved in the treatment of patient with sentinel events (such as suicides and suicide attempts, violence, high profile events) that will likely trigger a formal QI investigation. If this is the case please title your email as: "QI confidential" and send it to **both** the Chief Resident and the attending psychiatrist. The Chief Resident is an official member of the Psychiatry QI Committee and this will keep the email from being used as evidence if there are any legal proceedings.

Process Notes or Supervision Notes

The official medical record for PRCC patients is the electronic chart found in Epic. Residents may maintain psychotherapy supervision notes to help them keep track of patients with their supervisors. These records must be de-identified – meaning they may contain no patient identifiable information. If you have any documents that contain identifiable protected health information, they should remain in clinic and can be locked in the file-folder in the mailroom. The security of these documents is essential.

Scanning Materials into the Medical Record

The electronic medical record available on Epic is the official record. Written and printed information can be added to the medical record by scanning. The information to be scanned must have the appropriate bar code so that it can be “mapped” to the correct section of the chart. Information that does not contain a barcode, such as a letter from a patient, may be scanned in with a cover sheet. If this is to be part of the permanent record, the front desk staff can assist in getting the document in the chart.

Release of Information

To release information about a patient’s care to another facility, the patient must sign a release of information form. Requests for information from other facilities about a patient’s care at HMC should go through Health Information Management (HIM). Patients may request copies of their medical records through HIM, as well. *Please do not copy patient’s charts for patients or outside agencies.* A patient may also request to read his or her record. This must be done with the provider in the room to avoid the altering or destruction of the record and to answer any questions. Though HIPAA allows provider to provider communication, many organizations request consent to obtain information. Consent to obtain information forms and consent to release information forms are located in the mailroom and in a file folder in your office.

Billing and Insurance

As there is no attending present in the session, patients seen in the PRCC are charged a facility fee only, and not a professional fee. The facility fee varies depending on level of service provided by the resident. The resident will code the level of service in EpicCare, and from there a bill is generated. On the original referral, you will find the number of sessions allotted by the insurance (often unlimited but at times a specific number). It is important to discuss with patients the number of sessions allotted and how they will be used to accomplish treatment goals. When a patient requires treatment beyond his/her allotted sessions, you should bring the matter to the attention of your supervisors and chief resident for discussion on how to proceed (whether or not to file for a benefit renewal/extension with the insurance or other treatment alternatives). In general, patients with one of the Apple Health plans (Medicaid) or Medicare funding have unlimited visits to the clinic. Although most low income patients will qualify for Apple Health, some may not (i.e. persons who are undocumented), and they may apply for Charity Care, which also grants unlimited visits during the term of their Charity Care agreement (often 3-6 months). It is the patient's responsibility to renew Charity Care. If a patient's Charity Care or insurance is terminated, they will receive a bill for the facility fee. With Charity Care, this can be retroactively waived if the patient renews it promptly. Individuals with private insurance tend to have the most limited coverage so it is important to discuss the number of visits supported when developing a treatment plan with these individuals. In general, please contact the chief resident, Alejandro or Laura Collins with any questions regarding funding, or if you encounter any difficulties.

Grievance Policy

There are instances when the patient has a grievance against the resident, or the resident has a grievance against the patient. Please see the [grievance policy](#) in the appendix.

Professionalism Milestones – Patient Feedback Forms

As part of the ACGME Professionalism Milestone involving patient feedback we have patients fill out a feedback form four times a year (in September, December, March, and June). Alejandro and Linda hand out a [Patient Feedback Form](#) to all PRCC patients. The patient will be instructed that although there is some confidentiality to this process, residents have a limited number of patients and may be able to identify the source of the feedback. We hope that this will help resident to receive specific feedback from patients to become better psychotherapists and outpatient providers.

Education Progress Plans

This year we will start using education progress plans during caseload supervision. This is similar to the education progress plans used on inpatient and consult psychiatry. In the beginning of the year, go through the education progress plan with your caseload supervisor. You and your caseload supervision group and decide on a common goal if you would like, such as completing a suicide risk assessment on all patients or documenting PHQ 9s on all patients. After approximately three months you will go over the education progress plans with your caseload supervisor and discuss your progress. A copy of the forms is included in the appendix. There are also printed out forms in the consult room.

Termination and Transfer

Remember to inform your patient at the beginning of treatment that care at PRCC is time-limited. Patients should not assume that they will continue in the PRCC after the treating resident has graduated, and in general this is discouraged, in order to meet the demands of the community. It is the **resident's** responsibility to assist in obtaining appropriate continuing care for patients, usually with a new mental health provider or a primary care provider. Depending on your patient's circumstance this may be anything from providing a referral list, to contacting future providers and helping to coordinate care.

The general clinic policy has been that if a patient does not appear or cancels for 3 scheduled appointments, they can be terminated from the clinic. This is often up to the discretion of the resident and should be discussed both in group and off-ward supervision as absences may be a form of resistance that should be brought up in the therapy. However, as this is a training clinic continued absences prevent residents from educational clinical interactions and should be limited as much as possible. If there are other concerns (threats, non-compliance, ongoing substance abuse) that limit your ability to provide effective further care please discuss this with your group supervisor.

To terminate a patient, a termination or transfer note must be written. The general progress note template can be used but it is important to document the following:

- Diagnosis
- Brief summary of the therapy provided with entry and ending dates, frequency of appointments, and response to treatment
- Prescribed medications – including dosage, frequency, side effects, when first prescribed, compliance, response, and changes over the course of treatment
- Termination plans or transfer of care details – including the name of the new provider and how the transfer will occur.

Please see the Appendix for sample [Termination Letters](#) and a [Transfer/Termination Checklist](#).

APPENDICES

Table of contents of appendices:

- 12) Videotaping: Directions and video policy
- 13) Finding and scheduling patients from the waitlist
- 14) Letter for patients on the waitlist
- 15) Harborview Medical Center Psychiatry Resident Continuity Clinic Patient / Provider Agreement
- 16) Clinic information sheet
- 17) Transfer / termination checklist
- 18) Example termination letters
- 19) Patient complaints procedure
- 20) Patient feedback form
- 21) Outpatient Continuity Clinic Education Progress Plan
- 22) Meaningful use for Epic

1) VIDEOTAPING

A) Directions: The clinic has Webcams to record sessions for playback both on-site as well as off-site with supervisors on a secure server. The webcams are located in the locked gray cabinet across from the front desk. Please check out the cameras and replace them when finished using to avoid theft. You may want to attempt using before your first patient to make sure you have the software recording to the correct location and so as to optimize placement of the camera in your office. The directions in the appendix describe setting up the share-drive on your workstation to record sessions, setting up the camera and software, and setting up access to the share-drive from an off-campus location.

To Map the Share Drive to a Workstation on Campus (i.e. your room):

1. Right click on the My Computer icon on the desktop
2. Under the list of choices there should be "Map Network Drive". Click on this.
3. A new window should pop up with 2 fields. The first is "Drive" and should list a letter. This will be the letter for the beginning of the drive and really does not matter what you choose as long as you are not overwriting a previous drive. Mine automatically populated with "Z" and I just went with that.
4. Under the folder section type or copy in: \\amc\media\h_psych_media
5. Click finish and you should now have direct access to this drive when you open up My Computer. If you open up this drive each individual should have a file folder that only they can access.

Setting Up the Webcam and Software:

-Each desktop in UWPOC and PRCC has been preloaded with Logitech software for utilizing the webcams.

1. Plug webcam into a USB port.
2. Open up the Logitech Webcam Software. There should be a short-cut icon on your desktop.
3. Click on “Quick Capture”. This will take you to a video screen that gives you the image of the webcam’s current visual field. Make sure the image capture is set to “Video” which is in the lower left corner.
4. Next open up the “Controls” menu which is in the lower right hand corner. This will allow you to change advanced settings such as image location if you desire. Make sure that the “Mic” is set to HD Pro Webcam C910. The one important thing to change is the “Resolution” which should be set to “Small: 360p”. If you record at the higher image quality the video will be unmanageable for off-campus viewing.
5. Next open up the “Preferences” heading in the top right corner and then click on the “Gallery” tab. For both the “Videos Folder” and “Photos Folder” hit the browse button to find your share folder that you previously mapped. The drive is under My Computer. Open up “h_psych_media on ‘amc\media’”. Your folder will be listed below. Click ONE time on your folder then press “OK”.

Also make sure that the “Show Email Button” as well as the YouTube, Facebook, and Twitter boxes are all UNCHECKED as we do not want these videos floating around social media.

6. Next click on the “Quick Capture” tab. Change the “Video Recording Quality” to “Standard – (Small file size). You can also adjust the microphone input here for those who have patients sitting far away from the camera.

To Receive Access from Off-Campus (or just trying out the VPN portal via internet):

1. Type or copy in https://sslvpn.medical.washington.edu/dana-na/auth/url_default/welcome.cgi
2. Enter your AMC account info.
3. Once in, go to “files” section.
4. In the upper right you’ll see an entry box (underneath the “Home” icon, next to the browse button)
5. Enter: \\amc.uwmedicine.org\media\h_psych_media
6. This will open share and the individual folders. To “bookmark” your folder, so you don’t always have to enter this info, check on the box next to your folder and click on “Bookmark current folder.”
7. After this when you log on your folder will be under the file heading on the homepage.

To Watch Videos from Off-Campus:

1. Click on the video you want to watch. This will open up a window that gives update on the download. Unfortunately we cannot stream the videos so they will be downloaded to a temporary folder and can take up to 10min based on my experience.
2. Once download is complete click “Open” if the file does not open automatically in Windows Media Player.

3. If you are using Firefox or Chrome, when you are finished watching the video go into the “Downloads” section and delete the file so that it cannot be accessed again without re-downloading.

B) Psychiatry Residency Video Policy

I. Consent:

- a. Verbal and written consent must be obtained prior to any video and/or audio recording.
- b. Due to the training mission of the clinic, if a potential patient does not consent to video recording they may not be eligible for services through the training clinic. Community referrals will be made and/or patients can be seen by attending providers if available.
- c. Consent process involves discussion of video/audio recordings, the purpose of these recordings (resident training and education), and the planned use of these recordings (to be shared with supervisors and in small supervision groups). The provider obtaining consent should also specify that recordings will not be used in broader teaching settings such as medical school or residency didactics without explicit consent and further discussion with the patient. Consent is obtained through termination of care, and the person to receive the recordings is specified as the clinic in which the patient is to be seen (such as “Harborview Psychiatry Clinic”) though only the resident provider and supervising attendings will ultimately have access to the recordings. We describe the secure drive on which videos are stored, and both the efforts to maintain security as well as the limits of electronic storage.
- d. If at any time during treatment the patient chooses not to continue with recordings, video/audio recording will cease. Due to the training nature of the clinic, the provider may need to terminate care if unable to get adequate supervision without recording. In this case, the provider will refer the patient to care outside of the training clinic where video recording is not required.

II Management of video/audio recordings

- a. Video recordings are not to be shared with anyone other than the supervisor and supervision group unless express consent is given in written form.
- b. Video recordings should not be placed in non-secure storage, and should remain on the secure drive.
- c. No use of Kindles or other non-secure recording devices is permitted.
- d. Recordings should be deleted as soon as possible after review with supervisor. Unless being used for ongoing training such as a psychotherapy seminar, videos should be deleted shortly after recording and should not remain on the drive for more than 6 months at the most.
- e. Recordings should be deleted when care is terminated and when the provider graduates or transitions out of the training clinic.
- f. Recordings are not part of the medical record and are only used by training resident providers.

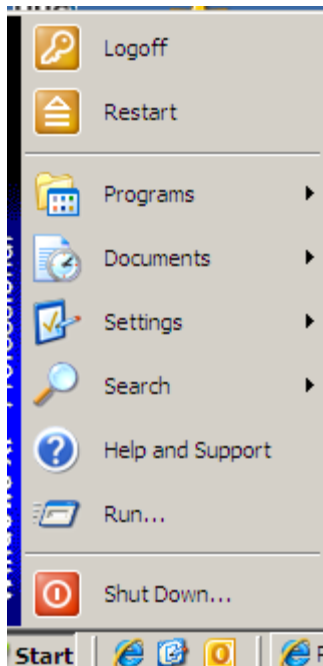
2) FINDING AND SCHEDULING PATIENTS FROM THE WAITLIST

STEP 1: MAP NETWORK

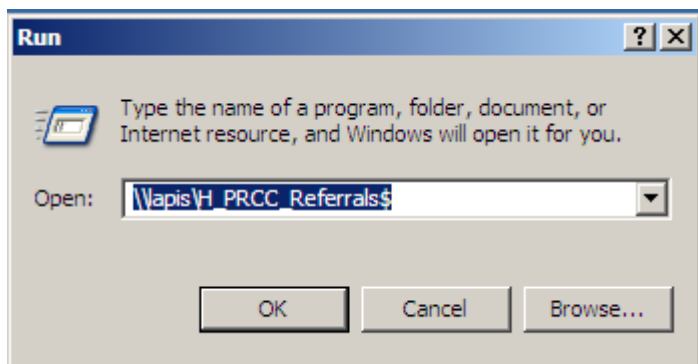
First you need to “map” it to your computer. Follow the links below.



Click on start at the bottom left of your screen



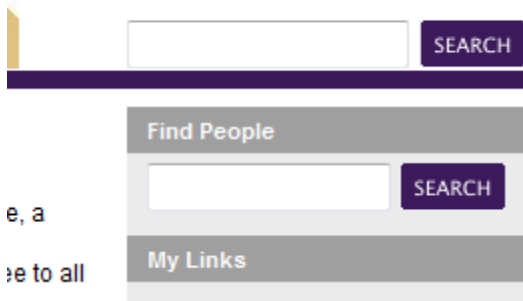
Select Run...



Type in

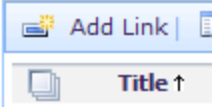
[\\wapis\H_PRCC_Referrals\\$](#) then click OK - it may take a moment to map the drive (about a minute)

Add a link to “my Links” through HMC Intranet



Click on the “My Links” in white letters on Grey filed

Manage My Link

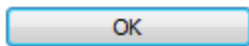


Click on the Add Link button.
Enter the following information

Title: *

Address: *

Show these links to:
Click OK and you're done.



SECOND STEP: LOOKING UP PATIENT REFERRALS

1. Go My computer, under “Network Drives” click on the shared drive calle H_PRCC_Referrals
2. Then click on “REFERRALS AVAILABLE FOR SCHEDULING’. When you click on one of the referrals you will see the following form below.

<u>Patient Name:</u> John Doe		Referral source: IBIS (Dr. Dagadakis)
Contact date: 3/16/2017		EPIC referral #: XXXXXXXX
HMC #: XXXXXXXX		
<u>Phone #s:</u>		
· Home: XXX XXX XXXX		
· Work:		
· Cell :		
<u>Address:</u>		
<u>Other:</u>		
Diagnosis:		
Pre-authorization/treatment plan required?:		
Reimbursement:		
· Specific coverage for med. mgmt.:		
· Specific coverage for psychotherapy:		
· Any specific documentation necessary:		
· Co-pay the patient will have (if any):		
· Mental Health Benefits: no detail		
<u>Contact documentation:</u>		
Date	Your name	Notes
3/20/17	Chief resident	Mr. Doe is a 30 year old man with a history of MDD and GAD, referred to PRCC from IBIS for CBT. Not interested in medications at this time. No history of suicide attempts, inpatient psychiatric hospitalizations or treatment interfering substance use. Available Mondays through Wednesdays. Okay with video taping
4/1/17	Your name	Called and left voice message for patient
4/4/17	Your name	Patient returned voicemail. Called them again. Available on Wednesdays at 3:00. Will schedule first appointment for 4/12/17 at 3:00.

THIRD STEP: Calling patient and documenting the conversation.

- If you are lucky enough to get a hold of them on your first try, decide the time and date of your first appointment.
- If you are only able to leave a voice message for the patient, you can leave information about what openings you have in your schedule (ie “I currently have openings on Wednesdays at 1:00 pm and 3:00 pm). Leave the number for the clinic (744-3452) and

ask them to call you back at that number. Do not leave your cell phone number or pager number!

- Documentation:
 - On referral form: When you contact the patient, please document this contact information like shown above. This way the other residents know that you are talking to them.
 - In epic: It can be helpful to write an Epic telephone note after contacting the patient. This way the patient's other providers will know that the patient has been contacted about scheduling an appointment.
- Scheduling appointment: When you decide on the time and date. Sent an epic message or an email to Erlinda and Linda to have them schedule the appointment.
- Things to remember when contacting patient: Be very thoughtful about what you want to say to the patient on the phone. This could be the start of your therapeutic relationship.

Information to include while talking to them on the phone:

- May want to know that the first 3 session are consultative
- May want to inform them about video taping, especially if you are doing CBT. The chief resident has already gone over this while completing the screening for the clinic but it may be good to remind them that you will be videotaping the sessions.
- How to locate clinic and who to call if lost

To receive access to referral folders off campus:

Go to:

https://sslvpn.medical.washington.edu/dana-na/auth/url_default/welcome.cgi

Then login with your UW Med ID.

Then cut and paste the link below in the browse area.

[\\lapis\H_PRCC_Referrals\\$](#)

3) LETTER FOR PATIENTS ON THE WAITLIST

Waitlist Letter for Psychiatry Resident Clinic

Date: _____

Dear _____,

Your initial assessment by Dr. _____ has been completed and it has been recommended that you be placed on the Psychiatry Resident Clinic waitlist. Because the number of providers in our clinic is limited, placement on the waitlist does not guarantee acceptance into this clinic. If one of our providers is able to initiate treatment with you, we will contact you by telephone and then send a letter. It is important that you keep us advised of your current contact information.

We strongly encourage you to investigate other resources while you are on our waitlist. We have attached a list of resources in the community that you may want to contact. Please let us know as soon as possible if you decide to begin care elsewhere.

The time that patients are on the waitlist ranges from one week to two months. Please contact us if you would like an update on your status on the waitlist.

Please call us at **206-744-3425** if you have any questions or to update your contact information.

Sincerely,

Psychiatry Clinic Staff

4) PATIENT PROVIDER AGREEMENT

**Harborview Medical Center
Psychiatry Resident Continuity Clinic (PRCC)
Patient/Provider Agreement**

The purpose of this statement is to inform you of the type of treatment typically offered at PRCC, the length of treatment and the clinic's expectations of you, as a patient of PRCC. This agreement is in reference to PRCC only, and does not describe your care at any other clinic.

Your treating providers at PRCC are psychiatry residents at the University of Washington Psychiatry Residency Training Program. The residents can provide psychotherapy and medication management; however their time in the clinic is limited, typically ranging from 6 months to 2 years. The psychotherapy aspect of treatment through the PRCC is a unique opportunity for patients to receive a specific type of psychiatric treatment within a limited time frame. At the initiation of treatment, you and your provider will formulate treatment goals to maximize the benefits of your psychiatric care. While a patient in this clinic, your provider will periodically review your treatment goals with you to help determine the direction, additional length of your treatment in this clinic, and possible referrals for additional care if indicated. By the conclusion of your treatment with PRCC, your provider will give you and your ongoing treatment provider recommendations for ongoing care, to support continuity of your care.

If you wish to continue with treatment after PRCC ends, you should have a primary care or mental health provider to best facilitate the transition to ongoing care. If you do not have the necessary funding to access this sort of care, the Psychiatry Clinic staff will direct you to Harborview's Financial Counseling Service after your first appointment with PRCC. The Psychiatry Clinic staff can offer information on accessing care at Harborview's primary care clinics, in addition to other primary care or mental health resources in the community.

As a patient of the Psychiatry Resident's Clinic, you are expected to arrive at appointments as scheduled. If you are late for your appointment, you may be rescheduled. If you are unable to attend your appointment, please call the Psychiatry Clinic at 744-3425 to cancel and reschedule. Patients who miss three appointments without canceling 24 hours in advance are at risk for discontinuation of PRCC services.

By signing this form, I indicate that I have read and understand the above statement.

Patient signature

Date

DO NOT PLACE THIS FORM IN THE PATIENT'S MEDICAL RECORD

5) CLINIC INFORMATION SHEET

Clinic Information Sheet

Welcome to the Psychiatry Resident Continuity Clinic (PRCC) at Harborview! As a client in this clinic, you will be working with a resident physician doing his or her training in psychiatry through the University of Washington. Services offered by this clinic include both psychotherapy and psychiatric medication management. You will work together with your doctor on developing a treatment plan incorporating one or both of these aspects of care. In this clinic, our goal is to offer time-limited treatment, usually lasting a few months, but up to a year or two in some cases. Again, you and your doctor will work together to determine the necessary duration of treatment and plans for subsequent follow-up outside of this clinic. Please see below for further information regarding your care in this clinic.

Your Doctor's Name: _____

Hours: Monday through Friday, 8AM – 5PM
To contact the clinic, please call (206)744-3452.

After Hours Contact Information (after 5PM on weekdays and on weekends)

***** In case of a life-threatening emergency, call 911 *****

If you need to speak to a psychiatrist urgently, please call the paging operator at (206)744-3000 and ask to speak to the psychiatry resident on call.

King County Crisis Line (24-hour service): (206)461-3222.

Please note, telephone contact should generally be limited to brief discussions about scheduling, or logistical issues. Psychotherapy or medication evaluation and management cannot be conducted over the phone. If an urgent matter arises, your doctor will always attempt to deal with it as quickly and helpfully as possible.

To Cancel or Reschedule an Appointment:

Please call the clinic (206-744-3452) at the earliest possible time!

Length of Sessions:

Medication Management: 15-25 minutes

Psychotherapy: 45-50 minutes

Clinic Address (you may send correspondence for your doctor to this address):

Box 359896

325 9th Ave.

Seattle, WA 98104

Requests for copies of your records should be sent to:

Health Information Management (HIM)

Box 359708 (401 Broadway, Seattle, WA 98104)

Ph: (206)744-9000

6) TRANSFER TERMINATION CHECKLIST

Resident:
Patient H#

1. What type of disposition is this?

Checkbox

	Transfer = transferring patient care to another OPC resident or an attending → proceed to #2
	Termination = any other disposition: referral to PCP, to another clinic, to community resources, etc → proceed to #3

2. Complete ALL of the following for **TRANSFERS**

	<p>Treatment Summary- Final clinical note OR a separate note or addendum to last note if the patient was not seen for a formal termination/transfer visit <u>Must Contain all of the following:</u></p> <ol style="list-style-type: none"> 1. Medication changes and/or therapies tried and their outcomes 2. To whom/where patient will be referred for f/u care (placing patient on a waitlist is not an option) 3. How long you intend to provide refills 4. Documentation of verbal handoff
	<p>Verbal handoff This is required for transfers--email handoff is not sufficient. <u>PLEASE DOCUMENT</u></p>
	<p>The accepting provider must : _____ Name of accepting provider: _____</p> <p>-call the patient and document a brief telephone note with date/time of first appointment. (It is the transferring provider that must ensure this happens prior to the end of treatment.)</p>

3. Complete ALL of the following for **TERMINATIONS**

	<p>Treatment Summary- Final clinical note OR a separate note or addendum to the last note if the patient was not seen for a formal termination/transfer visit <u>Must Contain all of the following:</u></p> <ol style="list-style-type: none"> 1. Medication changes and/or therapies tried and their outcomes 2. To whom/where patient will be referred for f/u care (placing a patient on a waitlist is not an option) 3. How long you intend to provide refills 4. Documentation of verbal handoff
	<p>Verbal handoff – make best attempt and <u>PLEASE DOCUMENT</u></p>
	<p>Write a letter to patient documenting the disposition plan as documented in your treatment summary. <u>Please use the “Letter-mail to patient” note heading in ORCA</u> and, once submitted/signed by your attending, the letter will be mailed to the patient automatically.</p>

Complete this form with caseload supervisor for each patient and leave it in Chief Resident’s Mail Box (PRCC office). Thanks.

7) EXAMPLE TERMINATION LETTERS:

Termination Letter on Basis of 3 No Shows

HMC Letterhead

July 10, 2007

Ms. Jane Doe
123 Main St
Seattle, WA 98000

H#1234567

Dear Ms. Doe:

I am writing you regarding your care at the Harborview Psychiatry Resident Clinic. You have missed your last three scheduled appointments on (put specific dates). Furthermore, I have attempted to contact you by telephone in the past week [include any other behaviors that have led to termination, being specific]. Because you have missed three appointments in this clinic without giving notice 24 hours in advance, you are being discharged from this clinic.

I understand that you are currently receiving your medications from your primary care provider [or whoever else]. I have enclosed information about mental health providers in the community, organized both by name and specialty for your reference.

I will remain available to you for urgent matters and medication refills for 30 days from the date of this letter. You may continue to access emergency services through the Harborview Medical Center Emergency Department. The King County Crisis Line can be reached at 206-461-3222 for crisis counseling 24 hours a day, seven days a week, and for referral information.

If you have any questions about this termination of care, please contact me at 206-744-3425.

Sincerely,

Your Name, MD
Resident
HMC Psychiatry Resident Clinic

Cc: Laura Collins, Clinic Manager
Your Caseload Supervising Attending

Termination letter on HMC letterhead

September 18, 2006

Jane Doe
1234 Main Street
Seattle, WA 98000

Dear Ms. Doe:

I am writing you in regards to your treatment with me at the Harborview Psychiatry Resident Clinic. You have missed your last three follow-up visits, on 8/1/06, 8/20/06, and 9/10/06. [include any other behaviors that have led to termination, being specific]. It appears that you have elected to discontinue your treatment with me at this time.

If you are still interested in continuing your treatment, we will need to discuss this prior to scheduling an appointment [or “please contact the clinic at 206-744-3425 to schedule an appointment” if you don’t need to speak first]. You may reach me by calling the clinic at 206-744-3425. If I do not hear from you in two weeks, from the date of this letter, I will assume that you are no longer interested in treatment and you will be discharged from this clinic.

I understand that you are currently receiving your medications from your primary care provider [or whoever else]. I have enclosed information about mental health providers in the community, organized both by name and specialty for your reference.

I will remain available to you for urgent matters and medication refills for 30 days from the date of this letter. You may continue to access emergency services through the Harborview Emergency Department. The King County Crisis Line can be reached at 206-461-3222 for crisis and referral information. You may re-apply for services at the clinic in the future. If we can be of any further assistance, please contact the clinic.

Sincerely,

Resident
Harborview Psychiatry Resident Clinic

Cc: Laura Collins, Clinic Manager
Your Caseload Supervising Attending

8) PATIENT FEEDBACK FORM

Professionalism Milestones – Patient Feedback

Name: _____

PGY: _____

Date: _____

Using the following guidelines, please rate the above-named physician on these aspects of “Professionalism.”

1 **2** **3** **4** **5** **99**
Never **Rarely** **Occasionally** **Frequently** **Always** **N/A or No Information**

My doctor:	Score (1-5, or 99)
Is caring, honest, genuine and respectful	
Is open to my beliefs and points of view	
Respects my values and uniqueness	
Includes my input in treatment planning	
Informs me of pros and cons of various treatments	
Prioritizes my needs	
Exhibits core professional behaviors (punctual, appropriately dressed, reliable, responsible, trustworthy, respectful and courteous)	
Displays openness to my feedback	
Introduced self as my physician	
Takes responsibility for ensuring that I receive the best possible care	
Is my primary psychiatric provider	
Comments	

9) OUTPATIENT EDUCATION PROGRESS PLAN (copy of this can be found in the consult room)

Outpatient Continuity Clinic – Education Progress Plan

SETTING EXPECTATIONS: Complete this worksheet with your goals for this rotation. Include a goal for each domain and with your attending, make an action plan to work toward each goal. For one domain, complete the Performance In Practice Worksheet.

Goals: Write a goal for each domain to be worked on during this rotation	Resident Action Plan: What I am going to do to help me accomplish my goal?	Attending Action Plan: What can my attending do to help me accomplish my goal?
Medical Knowledge:		
Medication Management:		
Psychotherapy:		
Patient Care Ownership (Autonomy, Leadership, Responsibility for Patient Care):		
Practice Habits:		

--	--	--

PERFORMANCE IN PRACTICE (PIP) WORKSHEET

Complete this worksheet for the goal for which you would like to complete a PIP exercise.
Follow the directions below:

- **Step A: Initial Assessment**

- o Define the goal and assess your current practice habits with relation to that goal
 - i.e. if you would like to use more symptom rating scales with your continuity clinic patients, determine your current rate of use with your patient panel

- **Step B: Identify and Implement Improvement**

- o Determine, with your attending, how best to intervene given the improvement you would like to make
 - What will you change?
 - How will you change it?
 - How will this lead to improvement?
 - What will you need to help you accomplish this?
 - How and when will you follow-up?

- **Step C: Reassessment (to be completed after the intervention)**

- o Reassess your practice habits following your intervention
- o Consider the benefits and costs of this project
 - Did you see a change in your practice habits?
 - Are you pleased with the change you saw?
 - How will this impact the care of your patients?
 - Was this intervention worth it?
 - If not, why not and how could it have been changed?

ROTATION FEEDBACK: Complete this worksheet with your progress on your goals for this rotation. Include your goal(s) for each domain, your progress, and any future steps/plans/goals.

Goals: What was my goal(s) in each domain during this rotation	Progress: What progress have I made on my goal(s) during this rotation?	Future Goals: What will my goal(s) be for my next rotation?
Medical Knowledge:		
Medication Management:		
Psychotherapy:		
Patient Care Ownership (Autonomy, Leadership, Responsibility for Patient Care):		
Practice Habits:		

Appendix: Applicable Skills/Milestones Within Each Domain

These are only suggestions as the resident generated goals should be resident driven and are not

required to include these elements

Medical Knowledge:

- Knowledge to identify and treat psychiatric conditions (MK2 3.1, 3.4, 4.1, 4.4)
- Knowledge to assess risk and determine level of care (MK2 3.2, 4.2)
- Knowledge at the interface of psychiatry and the rest of medicine (MK2, 3.3, 4.3)
- Knowledge of indications, metabolism and mechanism of action for medications (MK5 2.1, 3.1, 4.1)
- Knowledge of ECT and other emerging somatic treatments (MK5 3.3, 3.4)
- Knowledge of lab studies and measures in monitoring treatment (MK5 2.6, 4.2)
- Knowledge of psychotherapy (MK4 all levels)

Medication Management:

- Prescribes commonly used psychopharmacologic agents (PC5 2.1)
- Manages drug/drug interactions with multiple agents (PC5 3.1)
- Monitors relevant lab studies (PC5 3.2)
- Manages multiple medications, including augmentation strategies (PC5 3.3 and 4.1)
- Appropriately selects evidenced based treatment options including second and third line agents (PC5 4.2)

Psychotherapy:

- Provision of supportive, psychodynamic, and cognitive-behavioral therapies (PC4 3.3)
- Recognizes, avoids, and manages potential boundary crossings and violations (PC4 3.2, 4.2)
- Integrates psychotherapy treatment plan with other treatment modalities/providers (PC4 3.5)
- Provides supportive, psychodynamic, and cognitive behavior therapies (at least one each) to patients (PC 4 4.3)
- Tailors psychotherapy modalities to specific patient needs (PC 4 4.5)

Practice Habits:

- Timeliness and thoroughness of documentation, and communication to patients (ICS2 1.2, 1.4, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3, 4.4)
- Ability to coordinate care with other providers (SBP4 4.1)
- Safety assessment and crisis management in the outpatient setting (MK2 3.2, 4.2)
- Organizes and summarizes findings and generates differential diagnosis (PC2 3.1)
- Identifies contributing factors and contextual features and creates a formulation (PC2 3.1, 3.2, 4.1, 4.2)
- Creates independent treatment plans (PC3 4.1, 4.2, 4.3)
- Recognizes need for supervision when indicated (PC3 3.4, PC4 3.6, 4.6)
- Monitors and revises treatment when indicated (PC3 3.5, 4.3)

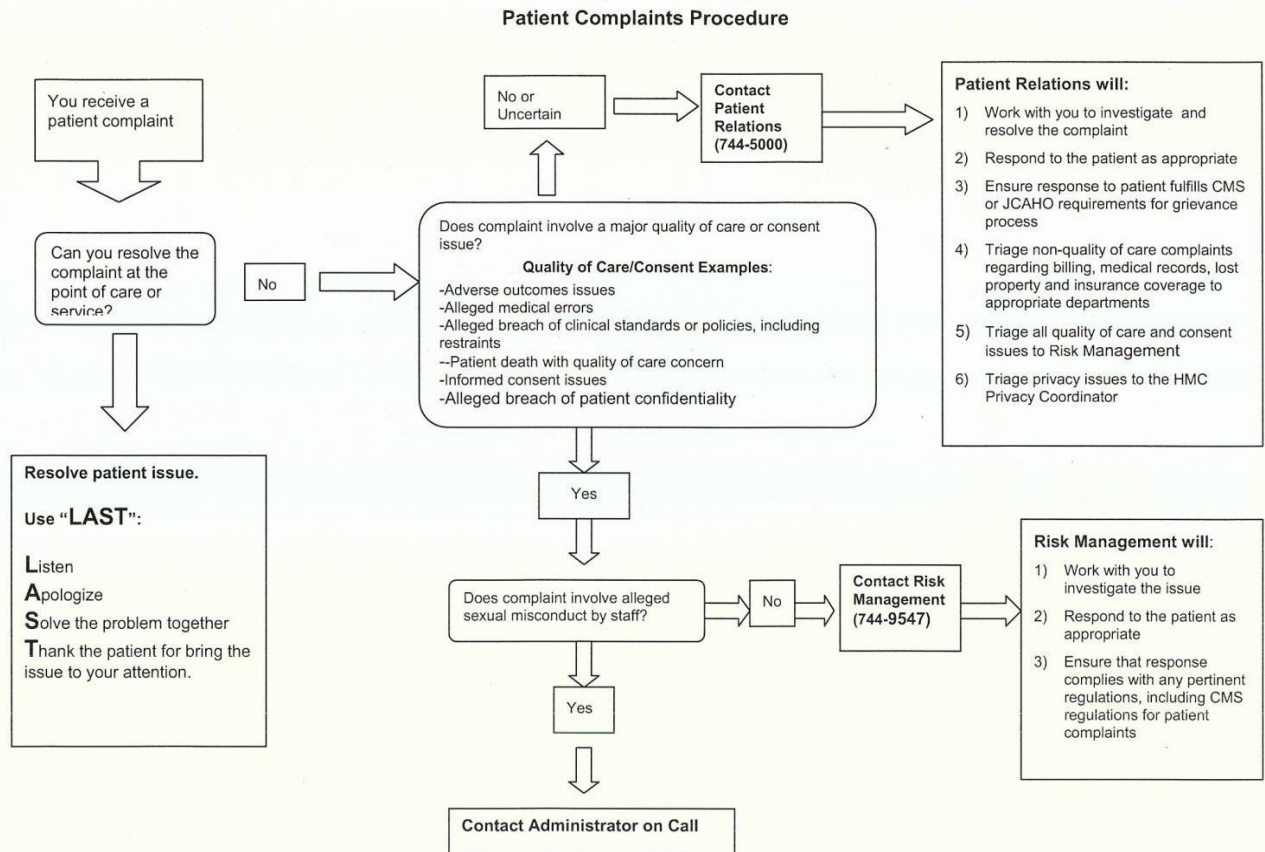
Patient Care Ownership:

- Autonomous treatment and practice, ensuring that patients receive the best care possible (PROF2 4.4)
- Taking responsibility for patient care when not present and balance outside life demands (PROF2 2.1, 3.2, 4.2)
- Participating in self-directed learning and knowledge enhancement (PBLI 1 3.1, 4.2, 4.4)

Delegating tasks to other treatment team members/providers, appropriate to their roles, responsibilities, and expertise (ICS1 4.2)

10) PATIENT COMPLAINT PROCEDURE

ATTACHMENT 1



P:\admin_5\Pol5.14Admin Attachment 1.doc

Patient allegation of staff sexual misconduct
Complaint/grievance investigation: Roles and Responsibilities

Role	Responsibility
Unit RN	<ul style="list-style-type: none"> ✓ Notify Nursing Supervisor and Unit Manager ✓ Complete PSN report (code as F) ✓ Notify patient's HMC physician in charge of current care
Nursing Supervisor or Manager	<ul style="list-style-type: none"> ✓ Notify Administrator on Call (AOC) ✓ Notify Public Safety (if directed by AOC) Request shift supervisor. ✓ Notify ED Social Worker (when directed by AOC) to coordinate with SANE nurses (or ED staff if SANE off call) and provide support to the patient. Ensure report is shared with AOC.
Administrator on Call	<ul style="list-style-type: none"> ✓ Coordinate preliminary investigation ✓ Notify CNO/Associate ✓ Notify Human Resources Director, Risk Manager and Director of Patient Relations ✓ Begin documentation of event using appropriate template ✓ Determine with HR and CNO need for Administrative Leave ✓ Work with area appropriate Administrator to ensure they are on point to follow up with patient/staff ✓ If patient/family wishes to involve the police, notify Director of Security Services that Seattle Police Department will be involved.
Emergency Department Social Worker	<ul style="list-style-type: none"> ✓ Inform ED Charge Nurse of potential use of ED resources. ✓ Begin investigation by consulting either SANE or ED nurse depending on availability
Sexual Assault Nurse Examiner (SANE RN) or ED Nurse	<ul style="list-style-type: none"> ✓ Performs a sexual assault examination and evidence collection following normal HCSAT protocols ✓ Recommends medications to patients HMC physician as per HCSAT protocols ✓ If an ED RN is used, they assist the OB/GYN in the collection of evidence.
Human Resources	<ul style="list-style-type: none"> ✓ Work with AOC & Manager ✓ Conduct interview with accused employee ✓ Offer any employee resources available ✓ Recommend and follow up with employee actions
Security Services	<ul style="list-style-type: none"> ✓ If notified that patient/family wishes to file a police report with SPD, director will coordinate that interaction.

Documentation of Complaint/Grievance Investigation
Patient Allegation of Sexual Misconduct

- 1) Documentation to be completed by Administrator on Call.
- 2) Completed report given to Risk Management as part of the grievance investigation.
- 3) Report logged in Riskmaster.

COMPLAINT: (Patient's statement)

- ✓ Who
- ✓ What
- ✓ When
- ✓ Where
- ✓ How

FACILITY SPECIFIC FOLLOW UP:

- ✓ Debrief with area staff as needed
- ✓ Risk Master log and follow up





INVESTIGATION:

- ✓ Statement of nurse on duty
- ✓ Statement of witness
- ✓ Statement of accused (when appropriate)
- ✓ Time and purpose of calls made e.g. Social Worker, SANE nurse, etc

ALLEGATION SPECIFIC FOLLOW UP:

- ✓ Any legal/criminal issues
- ✓ Handling & reporting of physical evidence as appropriate
- ✓ Report to DOH if required
- ✓ Report to nursing commission as required
- ✓ Disciplinary actions as needed

11) REQUIREMENTS FOR EPIC DOCUMENTATION

UW Medicine		EPIC <i>ehr</i>	
HMC Psychiatry Resident Practice Clinic			
Consult Visit – Psychiatry Resident/Fellow	M e a n i n g f u l U s e	R e s i d e n t / F e l l o w	P r a c t i t i o n e r
1. Front desk staff checks patient in using Epic Cadence, notifies Resident that patient has arrived			
2. Resident/Fellow greets patient and takes patient to the exam/meeting room		X	
3. Resident/Fellow assesses the patient		X	
4. Resident/Fellow may log in to EpicCare, click on Charting section and complete applicable questionnaires, PHQ-9, GAD-7, GAIN, with patient (if applicable)		X	
			
			
5. Resident/Fellow logs into EpicCare, opens patient's encounter, clicks on Rooming Section: <ul style="list-style-type: none"> ● Records Reason for Visit (Chief Complaint) – <i>Required to close encounter</i> ● Reviews/updates patient's Allergies and clicks Mark as Reviewed 		X	
			
6. Resident/Fellow clicks on Orders updates Problem List , adds Visit Diagnosis , clicks Mark As Reviewed <ul style="list-style-type: none"> ● Problem List is a Meaningful Use requirement ● <i>Visit Diagnosis is required to close encounter</i> 		X	
7. Resident/Fellow places/associates/signs orders in Meds & Orders (medications, labs, pathology, imaging, referrals, diagnostic testing, and procedures including all practitioner in-clinic administered procedures) <ul style="list-style-type: none"> ● Resident/Fellow clicks Mark as Reviewed to indicate medication reconciliation has occurred that is appropriate for the clinical situation and within the scope of practice to ensure that the electronic medication list is accurate – Medication reconciliation is a Meaningful Use requirement 		X	
8. Resident/Fellow clicks on the Discharge section: <ul style="list-style-type: none"> ● ters patient instructions (Patient Instructions) and follow-up instructions (Follow-up) ● Reviews and prints the After Visit Summary (AVS Preview) and gives it to the patient <ul style="list-style-type: none"> ○ If patient is Active on eCare, the Resident/Fellow does not need to print the AVS and directs the patient to the Front Desk 		X	

9. Front Desk staff makes a follow-up appointment (if applicable)			F	
			D	



Remaining charting can be completed after the patient leaves the clinic visit:				
10. Resident/Fellow reviews/updates patient's History in the Rooming section based on their care of the patient. <ul style="list-style-type: none"> Click Mark As Reviewed in any reviewed History section If all sections reviewed, click Mark As Reviewed at the bottom of the entire History section instead 			X	
11. Resident/Fellow clicks on Notes section and creates a Progress Note (direct entry with SmartTools, Dictation, eventually Dragon) – Required to close encounter			X	
12. Resident/Fellow writes any letters in Communication Management (Communications)			X	
13. Resident/Fellow completes Level of Service (LOS) and routes chart to other providers (if applicable) in the Discharge section – LOS is required to close the encounter			X	
14. Resident/Fellow clicks Sign Visit and is prompted to put in a chart Co-signer (their Attending)			X	

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HMC Psychiatry Resident Practice Clinic

Consult Visit – Psychiatry Resident/Fellow	M e a n i n g f u l l U s e	R e s i d e n t / F e l l o w	P r a c t i t i o n e r
15. Practitioner receives the Resident/Fellow's encounter in their Chart Cosigns in basket folder.			X
16. Practitioner reviews Resident/Fellow's documentation and orders <ul style="list-style-type: none"> If corrections needed, complete #17-20 If no corrections needed, skip to #21 			X
17. Corrections: Practitioner clicks on the Enc button in the Chart Cosigns toolbar to reopen the Resident/Fellow's encounter as an Addendum			X
18. Practitioner makes necessary corrections			X
19. Practitioner clicks on Progress Note and puts in their ATTESTATION (using SmartTools)			X

20. Practitioner signs the Addendum – skip to #22			X
21. No Corrections: Practitioner clicks on Quick Note button in the Chart Cosigns toolbar, puts in their ATTESTATION (using SmartTools) and clicks Sign			X
22. Practitioner clicks Done on the message in the in basket			X