

HARBORVIEW MENTAL HEALTH And ADDICTIONS SERVICES RESIDENT ORIENTATION MANUAL

1) General Information

A) Hours of Operation

Harborview Mental Health Services is open Monday through Friday from 7:30 am to 5 pm. Clients are seen during these hours. Many of the HMHS case managers leave by 4:30 PM, so residents are encouraged to see new and high risk patients before 4:30.

B) HMHS Funding Background

HMHS serves a wide and diverse clinical population. The majority of the funding for the clinic comes from King County through a waiver of the federal Medicaid program to provide managed care for eligible Medicaid recipients living in King County. To be eligible for long term services a client has to 1) have Medicaid funding, 2) meet "medical necessity" (have a major mental illness), 3) live in King County, and 4) be able to benefit from services. There is a limited amount of money available to treat clients who have no funding which is typically limited to people leaving a psychiatric hospital or have other high risk factors.

Treatment is provided at three levels of intensity. The highest level is a "3B" benefit, which pays the agency \$704 a month to provide services. These clients are served mostly by Mental Health Recovery Services (most on the Intensive Recovery Team, IRT), and the Psychotherapy (formerly DBT) Clinic. These are clients with high case management needs in the case of the Mental Health Recovery clients, or in an intensive therapy program in the case of the Psychotherapy clients. The middle level of care is the "3A" benefit for clients who need less intensive services. This benefit pays \$229 a month. This group of clients is most often engaged in the Mental Health Recovery clinic of the agency on one of the Rehab Teams. The lowest level of service is the "2x." These clients are usually psychiatrically stable, living on their own or in nursing homes and have minimal case management needs. This benefit pays \$165 a month. These clients are usually seen by nurse case managers, or in the Geropsychiatry Clinic (GPS). The benefits are authorized for one year and a case manager will renew the benefit if the client is to remain in service.

We do have the ability to see clients who do not have Medicaid via our non-Medicaid fund with the county. The client must meet criteria to qualify for these funds. We also accept clients with private insurance. If you have questions about funding issues of any of your clients, contact their case manager. We have a financial counselor on site to help clients with funding issues.

C) HMHS Clinics

The Center has several specialized clinics/teams designed to serve clients based on their needs.

GPS is the Geropsychiatry clinic that serves clients over 60 years of age in the clinic and clients residing in nursing homes.

Attendings: Whitney Carlson

Mark Snowden

Manager: Glenette Olvera

Office PS1095, phone 744-9608, pager 540-3470.

Office PS5020, phone 744-9626, pager 663-2336.

Office PS1115, phone 744-9680.

IBIS Intake & Brief Intervention Services is a short-term program that provides outpatient mental health services to individuals who have been referred by the King County Designated Mental Health Professionals (DMHPs), through the King County Crisis Clinic, HMC Psychiatric Emergency Services (PES), UW Contact Center, UWPN clinics, or other UW Medicine entities. IBIS provides brief, time-limited services to individuals seeking mental health services and who may be at risk of psychiatric hospitalization. Services include psychiatric evaluation, prescription of psychotropic medications, medication management, case management, brief therapy (CAMs, CBT), and referral. Clients can be referred to the HMHS long-term clinics, or other mental health providers in the community, if they qualify and are funded for long-term services. They are able to use the drop-in center, with permission from the IBIS staff.

Attendings: Christos Dagadakis (July -Dec) Office PS1083, phone 744-9697, pager 989-8449.
Brian Poeschla (Jan - June) Office PS1083, phone 744-9697, pager 986-2310.

Mental Health Recovery Services is a long-term program which serves a wide range of clients from the most intensive to the least intensive. There is one Intensive Rehab Team (IRT) and two Rehab Teams. Each team has a case manager, nurse, ARNP, and MD's. Case managers who focus on the most intensive clients have smaller case loads and do more outreach. Case managers with less intensive cases have larger caseloads and serve a more stable clientele.

Attendings: Carolyn Brenner Office PS1035, phone 744-9678, pager 540-3069.
Christine Curry Office PS1010, phone 744-9550, pager 7973593.
Rick Ries Office PS1015, phone 744-9659, cell 679-3837.
Christine Yuodelis-Flores Office PS1027, phone 744-9883, pager 541-1545.

Manager

Sunny Lovin Office PS1014, phone 744-9664.

Psychotherapy Clinic does both short term therapy and also offers a one year Dialectical Behavioral Therapy program for clients who are self-harming. There is an optional second year for clients wanting an additional year of therapy.

Attendings: Kate Comtois Office PS5012, cell 920-5348 (prefers texts).
Christine Curry Office PS1010, phone 744-9550, pager 7973593.
Manager Glenette Olvera Office PS1115, phone 744-9680.

Harborview Addictions Program (HAP) is a state-certified treatment program that provides outpatient services to assist people with chemical abuse and dependency problems who may also have a co-occurring mental illness. Services include assessment, group and individual counseling, prescription of medications, case management and referral to other programs. Clients may also be court-ordered for treatment in this clinic. Providers are able to prescribe buprenorphine but not methadone for opioid replacement therapy.

Attendings: Rick Ries Office PS1015, phone 744-9659, cell 679-3837
Joe Merrill Office PS1015, phone 744-9659, pager 559-3143
Christine Yuodelis-Flores Office PS1027, phone 744-9883, pager 541-1545

Manager

Sunny Lovin Office PS1014, phone 744-9664.

Psychotherapy can be provided at HMHAS. There are several psychologist who provide individual psychotherapy although there is currently a long waitlist for this. Some casemanagers are trained to provide individual psychotherapy and there are multiple different groups available. In some clinics at HMHAS residents may be able to provide individual psychotherapy depending on

scheduling needs. If you are interested in this, talk with your supervising attending. If you are seeing a patient outside of HMHAS (ie at IBIS or in primary care clinics) or you are seeing a patient in HMHAS that is not tierred (ie a patient that doesn't qualify for case management in the geriatric psych clinic), you can consider referring the patient to PRCC at HMC for ongoing therapy. Patients that come consistently to appointments, are not actively suicidal and are not engaged in treatment interfering substance use, are often the most appropriate patients for this clinic. If you think the patient would be good for PRCC discuss with your attending and complete PRCC referral form. Technically, individuals who are tierred at HMHAS are not supposed to be seen at PRCC for psychotherapy but exceptions can be made for this, particularly if it is a very educational case.

Housing, Supported Employment, and Peer Specialist Programs as well as a Day Support Program are offered at HMHS. The *housing program* helps clients find and keep housing in the community. An *supported employment program* helps clients find and keep jobs and works closely with the Department of Vocational Rehabilitation. We have a *Peer Support team* that consists of self-identified consumers who provide a number of services (including ancillary case management, leading groups, and managing recycling, the drop-in center, and the computer lab). If you think your client might benefit from these services, coordinate with their case manager. If you are interested in learning more about these services or attending any of their groups or outreaches, contact your attending. There is a *Day Support Program* where clients can socialize over coffee and snacks that is open daily in the mornings. Lunch is served twice a week on Wednesday and Thursday. These services are open to the long-term clients of the clinic – but residents are welcome and encouraged to stop by!

NOTE: There are many opportunities at HMHS to participate in groups, visit other community sites, spend time with clients in their homes, visit patients who have been hospitalized elsewhere in the community, and otherwise encounter our clients and the mental health service sector from a variety of different vantage points. Ask your attending and other members of your team about such opportunities and make an effort to participate in these.

Health Resources are also available within the center. There is a primary care ARNP (Lisa Johnson), podiatry (Katrina Sullivan), and nutritionists. These health resources are particularly helpful for clients who have a hard time following-up with primary care. If you see a client with no PCP (or difficulty following up with their assigned PCP), talk to your attending about referring to Lisa Johnson. (You can refer using an paper appointment slip or by requesting a referral in the discharge summary.)

D) Badges & Keys

Badges: All staff must wear an HMC ID badge while on HMC premises. The badge will allow access to areas that are not open to the public. If your badge does not work for the exterior doors of the building, take it the Parking and Commuter Services Office at 8EH-70.

Keys: Key are obtained by submitting a key request form and can be picked up at 8EH-69. You need to show your badge in order to get a key. Please report lost keys immediately and do not loan your key to anyone. Please return your key(s) to the office at 8EH-69 at the end of your rotation at HMHS.

E) Leave Policy

Please request leave as far in advance as possible. The main residency office does **NOT** notify HMHS when residents are away (vacation, post-call, etc), so residents must themselves notify the clinic and the specific teams, including attendings, with whom they work and are encouraged to do so as early as possible. Residents must inform their teams when they know they will be away. Coverage is usually provided by the attending, team nurse, and case manager. Residents must submit a request via email for changes to their EPIC template to Cathy Luedert at cluedert@uw.edu to reflect their leave schedule so clients aren't scheduled to see them when they are away. Post-call days should also be blocked in advance so that residents are not scheduled for days they will not be here.

If you are out sick, as soon as possible contact your attending or one of the case managers on your team (if the attending is not available), and one of the following numbers: (1) if before 7:30AM, call the HMHS Sickline (744-9688) and leave a message indicating the date and time period of anticipated absence or (2) if after 7:30AM call the front desk at 744-9696.

F) Room Assignments

Residents are assigned to offices at the beginning of rotations, generally in July and in January. It is the intention of the clinic that residents keep the same office for the duration of the rotation, however there may be times when residents have to change offices to accommodate the needs of the clinic.

Each office has a computer with ORCA and EPIC access, a telephone, and an emergency alarm. The emergency alarm is to alert security and to send for help in case of an out-of-control client. Residents should familiarize themselves with the location of the alarm and their room number so help can be directed to the right office.

Residents may bring items to make themselves and their clients more comfortable, but keep in mind that the offices are shared, so be considerate of other users. Theft is a big problem at HMHS, so do not bring items of value to you. Please do not leave any perishable items, such as food in these shared offices. At the end of your rotation please remove all papers and personal items from your room. It's a good idea to keep items off the floor as bed bugs have been spotted in some of the offices.

Lock your door when you leave your office and be vigilant in protecting the confidentiality of clients. Do not leave clinical information unattended in an unlocked office. Be sure to put all patient identifiable information in the hanging charts in the desk before leaving for the day and dispose of all that information at the end of your rotation.

G) Facilities

Mail: Residents will be assigned slots in the mailroom. Residents are asked to check their mail regularly as this is where they will receive important memos, etc. Campus mail (HMC and UW) is addressed to mail stops (the mail stop for HMHS is **359797**). 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. Envelopes are in the storage area. The code for the mail room is **49600**.

Phones: Each office has a telephone. The resident offices are shared so using voice mail is not advised. Please encourage your clients to call their case manager for general questions and their nurse for medical questions. These clinicians will page you if they need your assistance. We do

not encourage residents to give clients their pager, phone numbers, or email addresses. (NOTE: SCAN codes no longer required for long distance calls – including domestic calls to Canada.)

Photocopiers and fax machines: There are copiers located throughout the building, the main one being in the mailroom (door code 49600). There are fax machines throughout the building, with one in the mailroom as well. The fax number in the mail room is 744-9854 and the front desk fax is 744-9919. If you need to fax clinical information (refills, etc) there is a box in the mailroom where you can leave the paperwork and staff will fax it for you.

Refrigerators: There are refrigerators for your use in the two break rooms. Please label your items and dispose of them before they spoil.

Parking: Parking is available downstairs in the Pat Steele Building, for clients and providers. The clinic does not offer parking vouchers for appointments, although most clients of the mental health center do not drive here. There is some off-street parking and the hospital is served by Metro bus routes 3, 4, 9 and 60.

H) Pharmacy

HMHS is fortunate to have an on-site pharmacy (which we share with Family Medicine). The backline phone number for the pharmacy is 744-5107. It is located by the elevators in the north end of the building. It is important to make sure the medication list is always updated. Although there are general pharmacist in the pharmacy they are not psychiatry specific. If you have questions about psychiatric medications you can call Chelsea Merkle (948 6712).

We also provide Fast Packs and daily medication administration ("Club Med") services to enrolled clients. These programs are coordinated with the nurses on the various teams, please talk to them if you would like to start someone on one of these programs or make changes to their medications. Of note, for a client to remain on the Fast Pack program, their medications must be stable, so please talk to nursing staff and the pharmacy if you anticipate making a lot of changes in a short period of time. If a patient gives you medications to dispose of, these medications should be given to nursing rather than to the pharmacy.

Harborview pharmacy only fills prescriptions for Harborview clients; outside prescriptions cannot be filled at Harborview.

E-fax is the preferred method where available, except for controlled substances which require that prescriptions be created in EPIC and be printed out on prescription paper and signed. There are prescription pads will be in your office, that can be used if computer malfunctions. As of July 1, 2010 Washington law requires tamper resistant paper for all prescriptions. Please check to see that the WA state seal is on the prescription pad. If there is no seal or you run out, please contact one of the nurses in the Club Med room (PS1107) for a replacement pad. When handwriting prescriptions, please remember to avoid using Harborview's "forbidden" abbreviations (HS, QD, QOD, DC, etc) and remember that by Washington State Law, all prescriptions and signatures must be legible (no cursive). Tobacco replacement prescriptions require another type of prescription form because of funding. Please talk to the pharmacy.

The pharmacy is utilizing a refill authorization center. This means if a patient asks for a refill of the medication and it is not a controlled substance, the pharmacist can check the physicians' most recent note and write for refills. If you do not want to give further refills of a medication, specify this in your note. IBIS has opted out of this.

NOTE: The pharmacy CANNOT see that you have discontinued a medication. Please either (1) call the pharmacy directly to make them aware of a medication change and/or (2) include a note indicating the discontinuation of another prescription on a new medication prescription.

I) Summoning Help

Each office is equipped with an emergency alarm that will summon public safety officers to the room. Please remember that if the plug is inadvertently pulled or switch activated, security will come to the office where the alarm was sounded. Security can stand-by if there are clients who the resident anticipates will be agitated or out of control. Please work with the front desk to arrange this. You may also request that the client's case manager or your attending sit in on the appointment. **Please take every step possible to stay safe and to ask for help when needed.** The phone number for the Public Safety Officer assigned to the building is 744-9577. If needed have the front desk locate the Officer. The main number for HMC security is 731-5555.

If you hear the alarm, please go to the location indicated by the overhead announcement. No "hands on" shows of support are utilized in HMHAS.

J) Clinical Communication

The preferred way of communication about patient care is verbal. If email is necessary about routine care, our UW email is secure but avoid putting a lot of clinical information in an email. Residents are encouraged to communicate using EPIC's in-box function ("Staff Messages".) 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.

K) Videotaping

Videotaping equipment is available if you would like to tape a session for supervisory or educational purposes. If a client is recorded, he/she will have to sign a consent form.

2) Clinical Documentation at HMHS

Clinical documentation is done via Epic. Please see the "Psychiatry Resident Guide to using Epic in Outpatient Clinics" document for important documentation information.

A) Documentation Guidelines

1. All documentation is to be completed **on the date the client is seen for services.** (All encounters need to be closed -- including the attending review and signature of all encounter notes -- within 72 hours of the encounter or it will be flagged and reported to administration.)
2. To ensure that the encounter and associated billing is attached to the proper clinic within EPIC, residents are required to access the patient chart through the specific clinic in which care is being provided (by selecting the appropriate "department" when logging into EPIC). For example, if you have rotations at both PRCC and geriatric psychiatry clinic, be sure to sign into EPIC using the appropriate clinic.

3. It is important to remember that the clinic note is read by many others, including the client who has the right to review his or her medical chart. The medical note is used to document the service and the facility fee. The medical record is also a legal record that may be reviewed by others outside of the agency.
4. Please follow the “Psychiatry Resident Guide to using Epic in Outpatient Clinics” to make sure our patients are billed appropriately, and we get the funding we need for patient care.
5. All notes must include:
 - a. Date
 - b. Time of service
 - c. Length of service
 - d. Type of service; must correspond to the billing log
 - e. Location of service (e.g. seen in clinic)
 - f. Current mental status
 - g. Suicide assessment
 - h. Current diagnoses
 - i. Intervention plan
 - j. Authenticated electronic signature (done automatically in EPIC)

*This information is included in the templates provided in EPIC – **PLEASE USE THE FOLLOWING TEMPLATES:**

- a. **Psy HMHS Psychiatric Intake Template:** for new visits.
 - b. **Psy HMHS Psychiatry Outpatient Provider Template:** for E&M follow-up visits.
 - c. **Psy HMHS Psychiatry E&M with Psychotherapy:** for psychotherapy and E&M visits.
 - d. **Psy HMHS Psychotherapy:** for psychotherapy only visits.
5. Please write a brief note for no-shows or last-minute cancellations. For no-shows: Double click the name to open an encounter ➤ go to “Orders” ➤ type in “no show” into SmartSets ➤ fill out the smart set and route to the case manager.
 6. All notes must be sent to an attending psychiatrist for co-signature (**not** as a cc). You may cc the client’s case manager and/or nurse on notes as appropriate.
 7. **Please do not change a client’s diagnosis;** only the attending psychiatrist can change the official diagnosis. If you feel a diagnosis should be changed, consult with your attending who can change the diagnosis. For new clients (intakes), you and your supervisor should discuss the diagnoses together during your supervision session.
 8. **Clinical notes must be associated with the appropriate clinical encounter.** In order to ensure this, please only open the encounter in Epic (by double clicking the patient’s name) after the patient has “arrived” on your schedule. Before the patient arrives, you can click the “Review” button in Epic to chart review.
 9. Residents working in the GPS clinic who go to nursing homes can use the computers at Marianwood and Mt St Vincent. The providers at other nursing homes have laptops that can be used to chart in EPIC and the notes can be faxed to the nursing home faxes as the laptops are not connected to a printer. (Drs. Carlson and Snowden will provide instruction regarding faxing procedures.)

10. Written and printed information can be added to the medical record by scanning. The information to be scanned must have the appropriate bar code and client label so that it can be “mapped” to the correct client and the correct section of the chart. Information that does not contain a bar code, such as a letter from a client, may be scanned in with a cover sheet. There is a cost associated with scanning paperwork into the medical record, so please be judicious.

B) Note Writing Tips

Please remember that your notes are part of a medical-legal document and have significant clinical significance. Our clients are complex and come into contact with many different parts of the system. They are often not the best historians and our notes are how their care is tracked. Always list current medications, note medication changes clearly (document informed consent for new meds), and give attention to documenting symptoms (since our clients are symptomatic a lot of the time, it's important to note if the client was better, worse, or at baseline, and to be as descriptive as possible). If you have any concerns about a client, be sure to document that well and your plan for dealing with it. Include a safety assessment (SI, HI) in every note.

Do not copy and paste notes wholesale into the chart. If you do copy elements of a note, make sure you review and edit them thoroughly each time. Avoid typos and obscure abbreviations.

You can record your plan in the After Visit Summary on Epic. Don't forget to print this and give it to the patient.

C) 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 provider who will cover for you and receive your Epic In Basket messages.

D) Medication Consents

Medication consent MUST be obtained when starting a client on a new medication, even if it is the same class of medication that the client is currently taking. Please document that you discussed medication side effects and obtained consent within EPIC in your note's assessment and plan.

E) Ordering Labs/Writing Orders

Most orders are now placed in Epic. This includes all labs, radiology requests and consults; paper orders are not needed. Please note that for labs, EKGs, and radiology requests you have the choice of entering Normal (which is the default setting), Future, or Standing orders. In most cases, Future is best as this allows the patient to get the lab at a future time (any time from the day you enter the order, up to a year later). If you use Normal and that patient does not get the lab that day, you will get an Overdue report. Standing can be used for labs obtained at regular intervals (such as a patient on clozaril who needs a weekly CBC, or an addictions patient who needs a UTOX every 2 weeks). Clinic RNs can draw blood here at HMHS if the patient has difficulty accessing the Harborview Outpatient Lab. Otherwise, you can send clients to the main hospital ground floor for blood work and tox screens. Addiction clients do tox screens on site.

F) Release of Information

To obtain information about a client's care at another facility the client must sign a release of information. Requests for information from other facilities about a client's care at HMC should go through Harborview Information Management (HIM). You may ask for a release of information from the client to **talk** to a family member or someone else associated with the client. If you do so, please make sure that the release says, **FOR FILE ONLY**, so that the client's entire chart is not released to the person you are talking to. Clients may request copies of their medical records through HIM as well. ***Please do NOT copy client's charts for clients or outside agencies.*** A client may also request to read his or her record. This can be done through medical records or you may choose to go over your notes in your office with the client to answer any questions. Patients can request their medical records by signing a release and depositing it in a box on the second floor. They will be charged per page for their records.

G) Billing and Insurance

Clients seen in HMHS by residents are only charged a facility fee for use of the facility, and not a professional fee for the services of the resident.

Please use the note templates in EPIC listed above. This will ensure that documentation guidelines are met. Forward your notes and Level of Service to your attending. If you see a patient and the attending psychiatrist does not see that patient, make sure to add "SNO" or "signed note only" as a modifier when entering encounter information.

Please follow the "Psychiatry Resident Guide to using Epic in Outpatient Clinics" document for billing.

3) Clinical Requirements and Supervision

Residents will establish their schedules on the first day of their rotation with their attending. Residents are expected to have 5 hours of client contact and 1 hour of supervision for each full day they spend on site. Attending a team meeting is not counted as having client contact (although this activity is still very important and recommended). Co-leading a group is considered client contact.

4) Client Contact

Your daily clinic schedule will be created within EPIC, by staff, by populating on your general clinic template with the specific patient appointments for that specific day. Your template should include the times you are available to see clients, supervision time, lunch, and any meetings you attend so that clients are not scheduled to see you when you are not available. It will be developed through collaboration between resident and attending. Any changes to a residents template need to be made in consultation with the attending and through an email to Cathy Luedert (cluedert@uw.edu), as above.

To schedule a *return appointment* for a patient you have just seen in clinic, complete the "Follow-up" portion of the Discharge tab, noting the exact date and time. (Note: use the text field – "Expand" the Follow-up module – to indicate precise time, frequency of visits, etc.) Outside of an open clinical encounter (including for a new patient), clinic on the "In Basket", under "New Message" tab create a "Staff" message. Then click on "To..." and under "Pools" find the appropriate "... Staff Pool" for your clinic and add as the recipient. Finally, include the patient's

name, H-number and appointment information: date(s), time, frequency (for regular visits), length.

The front desk must be informed of all appointments and cancellations (through EPIC, slip, or in person), so that visits can be tracked.

Client Check-in

The client will be checked in by the receptionist (also known as a patient services representative or PSR) at the front desk. (If a patient presents directly to your office door, please request that she/he return to the front desk for formal check-in prior to beginning the appointment.) The PSR will indicate the client as having “arrived” in EPIC and verify any change in address, phone number or insurance. The client will be asked to wait in the designated waiting area. The resident will go to the waiting area to greet the client and escort the client to the office to be used for the appointment. Residents will also be notified via text paging that their clients have arrived at the front desk.

When running late, please let the front desk know so that they may alert the waiting client. Clients are instructed to let the front desk know if they have been waiting for more than 10 minutes for their appointment.

Residents scheduling an appointment using either the after visit summary or an appointment slip can give the summary/slip to the client to take to the back desk (by the pharmacy) for computer entry, if one is confident that the client will turn it in to the desk staff. If you are concerned that the client will not be able to do so, then you may take the document up yourself or turn it in to the box in the mailroom. **Appointments cannot get into your schedule/template unless entered by clinic staff!**

Inpatient Hospitalization

There are times when clients need to be hospitalized. Alert the case manager immediately who will help with this process and call your attending. Clients may be admitted voluntarily to HMC by paging the screening nurse at 989-4845 to confirm bed availability, though they will typically still need to go through the PES for evaluation and admission. Residents should complete their clinic note in the medical record as quickly as possible and contact PES providers via phone to ensure appropriate coordination of care. If a client does not agree to voluntary hospitalization or is agitated, contact security or MHP. The case manager or another team member can help coordinating transition to the PES.

Grievance Policy

There are instances when the client has a grievance against the resident, or the resident has a grievance against the client. Please bring this issue to the attending for advice on how to proceed.

Second Opinions

A client may disagree with the psychiatric services that he or she is receiving at HMHS. This usually concerns medication or diagnosis. Clients are entitled to a second opinion. Please let your attending know of the request so that the request can be forwarded to the Medical Director who will assign another psychiatrist to interview the client.

Working on a Team

The clinics mentioned above are interdisciplinary teams consisting of mental health practitioners, nurses, ARNPs, and psychiatrists. Your rotation will give you the opportunity to participate as a member of the team. An essential part of being a team member is clear and frequent communication. Some residents' schedules coincide with the team meeting while others will have to rely on direct communication with team members – if you are in clinic on the day that your team meets, you are expected to attend. It is vital that members of the team are kept updated on diagnostic and medication changes. Please route our EPIC note to the appropriate case manager and nurse/ARNP. Other ways of maintaining contact with team members include calling case managers to update them on your sessions, keeping your office door open when not seeing clients to show that you are available for consultation, and responding promptly to phone calls and pages. Important client care issues should be discussed with the team. If clients request that you assist in their care for things such as getting benefits, obtaining driver's licenses, getting on or off of payee services, getting a prescription for a service animal, etc., it is essential that you discuss the request with other members of the team before proceeding. This will also serve as a good buffer for you to consider the request with others before acting on it.

Make sure that your team members have your pager number and email address. As a rule, teams ask that you do not give your pager number to your patients.

Team Meetings

Team meetings are a vital part of patient care. Clients experiencing difficulties are discussed as well as clients who are doing well. It is a good time to mention clients who are stable and to report the progress they are making. Routine business, announcements, and coverage issues are also discussed. It is important that residents attend if the team meeting falls on the day of their rotation.

Welcome to HMHS!

It is the hope of the residency program and the clinic staff that your experience at the mental health center will meet your educational needs, provides experience in seeing outpatients for an extended period of time, and facilitates self-knowledge as a psychiatrist.






Please communicate often with the Chief Resident and the Associate Training Director with positive or constructive suggestions so that your needs can be met and the experience can be improved for others. We encourage residents to be active in finding interesting clients and to customize the rotation to meet their personal interests and goals.

Welcome to Harborview Mental Health Services.

Phaedra Pascoe, Chief Resident, ppascoe1@uw.edu p 314 6304
Carolyn Brenner, Medical Director and Associate Training Director, brennerc@uw.edu
Glenette Olvera, Manager, gjo@uw.edu

Updated 6/16, in memory of Dick Miyoshi, who taught so many residents

Appendix: Overview of Encounter Process & Associated Documentation

| Outpatient Visit – Psychiatry Resident/Fellow | | Meaningful Use | Resident/Fellow | Practitioner |
|---|--|---|-----------------|--------------|
| 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) – Required to close encounter 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 Visit Diagnosis is required to close encounter |  | 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"> Enters 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 | |

Requirements in Epic Charting for Meaningful Use

- Outline for Psychiatry Prescribers

Rooming Tab

Allergies: Enter **“Mark as Reviewed”**

Medication List: Enter **“Mark as Reviewed”**

By checking “Mark as Reviewed” here you indicate that you have “performed a clinical review of the electronic medication list, appropriate for the clinical situation and within the prescriber’s scope of practice”.

History:

Social History

Enter Smoking Status at first visit and then update/ **“Mark as Reviewed”** at each visit

Orders Tab

Problem List: Enter **“Mark as Reviewed”**

Update this with any psychiatric problems and any other medical problems that impact your patient care.

Use E-prescribe (not paper prescriptions)

Discharge Tab

Patient Instruction: **Enter at least one “Patient Education” phrase.**

Recommended phrase: “Thank you for coming in today. During today’s visit we reviewed only your psychiatric (mental health) medications. Please follow up with your primary care provider for any questions regarding other medications.”

May also want to include medication and symptom monitoring instructions, follow-up/safety plan.

After Visit Summary: Print and give to patient

Note: Attending’s and ARNPS are monitored for percent of encounters that meet each of these components. Resident’s performance for Meaningful Use is reported under the attending who signs the note.