

## **Group Notes in the Interim Treatment Planning System**

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This is a revision of a document originally circulated on 12/1/07. Enhancements and revisions will be discussed in detail.

The purpose of this document is to explain the use of the Group Notes module in ITPS. The following processes will be covered:

- Creating a new group or editing an existing group (some revisions here)
- Referring a patient to a group
- Setting up a group (enhancements here)
- Tracking attendance without writing notes (new)
- Writing group progress notes
- Resuming the writing of group progress notes from drafts
- Viewing group progress notes
- Printing group summary notes (new)
- Auditing for group activity

There are a number of reasons for moving to an electronic system for writing group notes:

Given the emerging standard of needing to document each unit of service (i.e., creating a group note for each patient in each group), the need for automation is obvious. This system permits each note to be created in less than a minute.

In the absence of an electronic system, it is almost impossible to assure tight integration between the treatment plan and the documentation of group participation.

The ability to track the amount of active group treatment received by each patient over a specified time interval is useful from quality of care, utilization management and compliance perspectives.

Communication between members of the treatment team and off-unit group leaders is enhanced.

## Getting Started

Log on to ITPS and ensure that you are using Version 4.0 or later. Click on the “I Live to Document” button. You should now find yourself on the Main Menu:

The screenshot shows a software interface titled "Main Menu". At the top center is a large blue button labeled "Main Menu". To its right, the date "Sunday, November 25, 2007" is displayed. On the left side, there is a vertical stack of three buttons: "Write Group Notes", "Administration", and "Reports". In the center, there are two input fields: "Client:" followed by a dropdown menu, and "or MPI:" followed by a text box. To the right of these fields is a vertical stack of four buttons: "Treatment Plans", "Risk Assessments", "Group Contacts", and "Sign Docs". At the bottom right, there is a vertical stack of two buttons: "Return" and "Exit Program".

With regard to Groups, the important buttons to note on this screen are:

### Write Group Notes

Use this to set up groups, write group progress notes, or resume a set of group notes that you have already started.

### Administration

Click on this to create a new group, edit the defaults (group leader, starting time, etc.) for an existing group, or create a group referral.

### Reports

This brings you to the area where you can print summaries of group progress notes. (This seems to be an improvement over the previous bulk printing apparatus, which remains available.) Group notes can also be printed from the screen where you create them.

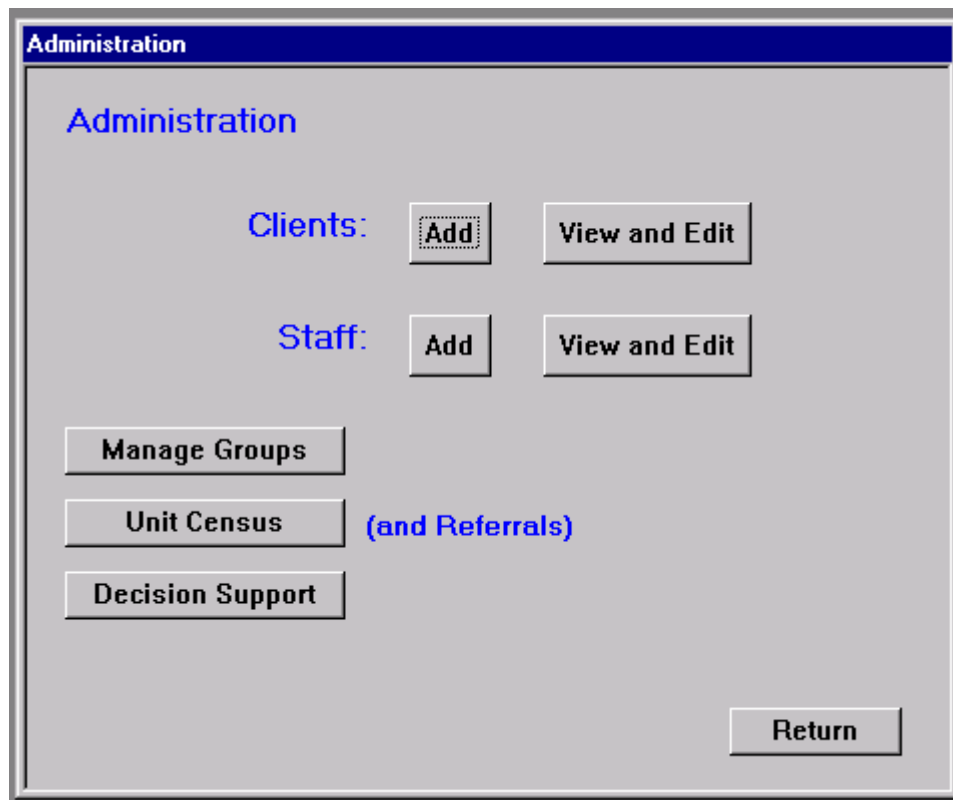
### Group Contacts

After selecting a patient, click on this button to see a list in reverse chronological order of all the group contacts for the patient. From this list, you can highlight a contact and view the progress note.

## Creating a new group or editing an existing group

NOTE: The screens you see when you use ITPS may be missing some of the buttons shown in the screen images in this document. This is because of varying permissions among users, depending on what they are expected to do.

On the Main Menu, click on the Administration button. You should see a screen something like this (minus a button or two):



For now, the important buttons here are:

### Manage Groups

Use this button when you need to create a new group or change the defaults for an existing group. (This is not where you set up the membership of the group; that is done using the Write Group Notes button from the Main Menu.)

### Unit Census (and Referrals)

This is where you go to create, view or edit group referrals.

Since our first task is to create a new group, click on the Manage Groups button. When you arrive at the Manage Groups screen, select the unit where your new or existing group is based. The screen should now look something like this:

**Manage Groups**

Select unit: **Battell 2 South**

	Name
<input checked="" type="checkbox"/>	ADLS
<input type="checkbox"/>	ADLS/NSG/DUCLOS
<input type="checkbox"/>	ADVOCACY UNLIMITED/CONNELLY
<input type="checkbox"/>	APARTMENT SKILLS GROUP
<input type="checkbox"/>	AQUATICS- PT
<input type="checkbox"/>	AQUATICS-II
<input type="checkbox"/>	ARTS & CRAFTS
<input type="checkbox"/>	ARTS & CRAFTS-B2S
<input type="checkbox"/>	ARTS AND CRAFTS
<input type="checkbox"/>	BEGINNER SUBSTANCE ABUSE- PH
<input type="checkbox"/>	BETTER BATHERS
<input type="checkbox"/>	CHURCH
<input type="checkbox"/>	COMMUNITY LIVING SKILLS GROUP
<input type="checkbox"/>	COMMUNITY MEETING 4:00
<input type="checkbox"/>	COMMUNITY MEETING AM
<input type="checkbox"/>	COMMUNITY ORIENTATION
<input type="checkbox"/>	CONNELLY/SPEECH THERAPY
<input type="checkbox"/>	COTTAGE PRESS NEWSLETTER

**Add**  
**View**  
**Edit**  
**Delete**

**Print Group Summary** **Return**

Let's review the purpose of each button:

Add

Click on this, and the following screen will appear:

**Options for Starting a New Group**

**Options for starting your new group**

☒ Start a new group from scratch

☐ Start with all unit residents in the group

☐ Base new group on membership of existing group

**Cancel** **Continue**

Before using the Add button, please check carefully for the presence of the group on the existing list. (When the system was first introduced, the BHIS list of groups was imported.)

For your convenience, the system provides 3 options for starting a new group:

You can start from scratch (i.e., with no members).

You can have all unit residents added to the group.

You can base the group on an existing group on the same unit (i.e., add the same membership list). If you choose this option, you will be asked to specify the source group on a drop-down list.

When you click on the Continue button, you will see a screen like this (changed since the last release):

**Group Set Up**

Name:

Group type:  ?

Leader:  Co-Leader:

Required leader credential:

Program: ☐ Internal ☐ External Program:

Frequency:

Start time:  Minutes per meeting:

BHIS ID:

Description:

Start date:  End date:

Check all that apply:

Monday? ☒ Tuesday? ☐ Wednesday? ☒ Thursday? ☐ Friday? ☒ Saturday? ☐ Sunday? ☐

At a minimum, it is essential to insert the Name of the group, the Group type, the Leader, the Program (i.e., the unit where the group is held or Page), the Frequency, the Start time, and the number of Minutes per meeting. For now, all CVH groups are considered “Internal” (even if they are held in Page Hall). If you put in a sentence or two describing the group, this description will appear on the Group Summary report (below). You can omit the Co-leader and the Required leader credential, if they do not seem relevant. If you don’t know the BHIS ID for the group, don’t worry about it.

The Group type is a new concept, related to our effort to increase the active treatment available at CVH. If you select a type and click on the small button with the blue “?” on it, you will see a definition of that group type. It might be helpful to suggest the following preliminary conceptualization of the assorted types of groups:

<b>Type</b>	<b>Description</b>	<b>Requirements</b>
Psychosocial Rehabilitation	Psychosocial Rehabilitation Groups are groups that are designed for skill acquisition and skill building. These are module-based groups that follow a specific curriculum and incorporate behavioral learning principles. Examples include the Liberman modules on Psychosocial Rehabilitation, and the Vocational Program, to name a few.	Individualized Objectives and Interventions should be specified for each group member in the MTP, and should be referenced in group progress notes.
Psychoeducation	Psychoeducational Groups are didactic groups based upon the sharing of information within a structured learning environment. These groups are also curriculum and/or manual based and incorporate teaching/learning principles. Some examples include Illness Management Recovery Groups (IMR) and substance abuse education groups.	One set of Interventions and Learning Objectives may suffice for all group members. These should be referenced in group progress notes.
Psychotherapy	Psychotherapeutic Groups are psychotherapy groups that incorporate the principles of a particular therapeutic method such as Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Psychoanalytic Group Therapy, USA Group, Trauma focused Groups, and IDDT Groups, to name just a few.	Individualized Objectives and Interventions should be specified for each group member in the MTP, and should be referenced in group progress notes.
Leisure Activity	Leisure Activities include those social, leisure and recreational activities that assist the individual in relaxing and finding enjoyment in their lives. Opportunities are limitless on the campus for sports and recreation, musical enjoyment, dancing, exercise, wellness activities such as tai chi and yoga , radio announcing, newsletter production, just to name a few. Peer support activities such as Schizophrenia Anonymous, AA, NA, Senior Centers, Friendly Visitors, and Advocacy Unlimited are just a few of peer led leisure activities at the hospital.	It is probably neither necessary to catalogue all these activities in the MTP nor to document them in group progress notes. Attendance at these activities should, however, be tracked.
Therapeutic Milieu	Groups of the Therapeutic Milieu include those groups that provide structure and support to the patient communities that reside on the particular programs. All programs are required to have at least the following milieu-based groups: AM meeting (daily); PM meeting (daily) and Community Meeting (at least once per week). The AM meeting is used as an orientation group to assist all patients and staff in organizing the day’s activities. Patients are encouraged to set a short term goal for the day that reflects his/her overall specific, individual goals as stated on his/her treatment plan. The PM Meeting follows up on the specific referenced goal attainment and	It is probably neither necessary to catalogue all these activities in the MTP nor to document them in group progress notes. Attendance at these activities should, however, be tracked.

	helps each patient evaluate their daily progress. The Community Meeting which is held at a minimum of once per week, focuses on common issues experienced by the patient/staff community on the particular unit, such as safety issues, respect and dignity, privacy, comfort, and special activities that help define each person's sense of belonging within the program.	
Other	It is recognized that people may wish to use the Group Module to store other kinds of information (e.g., individual therapy). Please use the Other designation for these entities, in order to ensure that they are omitted from group data analysis.	Service and progress note records of this type will be ignored in group reporting.

The start and end dates, and the days on which a group is held, have been added to facilitate group scheduling.

The Interventions and Objectives button is new. If you click it, you will arrive at the following screen:

**Group Interventions and Objectives**

Stu's test group

The following fields should be used only for groups in which the Interventions and Objectives are not specifically defined for each member in the Treatment Plan.

**Interventions:**

Test Interventions

**Learning Objectives:**

Test Objectives

**Return**

The idea of this new utility is that for certain groups (specifically, psychoeducational groups), it is probably not necessary to design a specific set of Interventions and Objectives for each group member. Instead, the Interventions and Objectives for all the members are created once here, and then imported into the setups for all group members. Note that the use of the term “Learning Objectives” here is distinct from the

notion of Objectives in a treatment plan (i.e., a measurable step towards achieving a patient Goal).

As you will see, the View and Edit buttons on the Manage Groups screen (Page 4) bring you directly to the screen above. The buttons work as follows:

#### View

On the Manage Groups screen, highlight a group by single-clicking on the small square gray box to the left of the group name. (An arrow should appear in the square box and the name should be highlighted in black.) After selecting the group, clicking on the View button brings you to the screen above, in Read-Only mode. (If you wish to make changes, you need to use the Edit button.)

#### Edit

This works just like the View button (above), but brings you to the Group Set-Up screen in Edit mode.

#### Delete

After highlighting the group you wish to delete, click on this button. You will be warned that this group and all the setup information associated with it will become unavailable if you proceed with deleting it. (In reality, if you ever accidentally delete something important, contact me to see if it can be resurrected.)

#### Print Group Summary

This prints out a report of the group setup information, including the membership and the Interventions and Objectives for each member. Note that this report is printed to a window on the screen, rather than being sent directly to the printer. When the window appears, you can toggle back and forth between 2 zoom settings by clicking in the window. To print the report, click on the printer icon on the Access tool bar. To make the report window disappear, click on the “X” in the upper right hand corner of the report. (Be careful not to click on the “X” in the upper right corner of the Access window; this would close ITPS entirely.)

### **Referring a patient to a group**

An important aspect of documentation that needs improvement is strengthening the connection between the treatment plan and what ends up occurring and being documented in everyday treatment. Since a large percentage of services delivered at CVH occurs in groups, it is critical that treatment plans and group notes reflect a consistent description of treatment.

In the treatment planning system in ITPS, the specific interventions for a patient in each group are specified in detail. Similarly, the relationships among Goals,



Barriers and Services are clearly defined. Once electronic treatment plans exist for all patients, therefore, we will no longer need group referrals. Instead, the system will automatically analyze the MTP of each person added to a group and insert the appropriate Interventions and Objectives. For now, however, in the absence of electronic treatment plans for all patients, group referrals should be created. (Until a substantial number of electronic treatment plans exist, the system will look for group referrals, instead of electronic treatment plans, when groups are being populated.)

As you will see later, you can specify Interventions and Objectives for each group member in the Group Setup area. If, then, the person referring the patient to the group is the same person who will be setting up the group, the Group Referral can be bypassed.

From the Main Menu, click on Administration and then on Unit Census. Here's what you'll see:

The screenshot shows a software window titled "Unit Census". At the top, there is a "Select unit:" label followed by a dropdown menu. To the right of this is a "Census:" label. Below the "Select unit:" dropdown is a large table area. The table has two columns: "Client LN" and "Client FN". The table is currently empty. To the right of the table, there is a "NOTE:" section with the text: "Deleting a patient from the unit census does NOT remove the patient from the system." Below the note are two buttons: "Delete" and "Referrals". At the bottom of the window, there is an "Add patient:" label followed by a dropdown menu, and a "Return" button.

Client LN	Client FN
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After you select the unit, the list will be populated with all the clients on the unit. (Although we will not dwell on it at this time, this is the screen where unit census

is managed; you can add and omit patients from this list using the “Add patient” drop-down and the Delete button.)

To create a referral for a patient, select the patient and click on the Referrals button. The following screen will now appear:

The screenshot shows a software window titled "Group Referrals". Inside, there is a section labeled "Patient's Name" which contains a table of referrals. The table has two columns: "Name" and "Date". The first row is highlighted and shows "MD SHOWER PROGRAM" and "10/17/2007". The second row shows "Stu's Test Group" and "11/13/2007". To the right of the table are four buttons: "Add", "View", "Edit", and "Delete". At the bottom right of the window is a "Return" button.

	Name	Date
▶	MD SHOWER PROGRAM	10/17/2007
	Stu's Test Group	11/13/2007

You are looking at a list of all the group referrals that have been created for the selected patient. Each referral is identified by the name of the group and the date of the referral.

The operation of the Add, View, Edit and Delete buttons works very similarly to those same four buttons discussed regarding the Manage Groups screen (starting on Page 4). To create a new referral for this patient, click on the Add button. To View or Edit an existing referral, highlight the referral and click on either the View or Edit button. The Add, View or Edit buttons all lead you to this screen:

**Group Referral**

**Patient's Name**

**Specify the Group**

☒ All ☐ One Unit

Referred by:

Referral Date: 10/17/2007

Group:

**Specific Intervention for this Patient in this Group (from the MTP):**

Staff will educate on safety routine during ADL grooming care.

**Relevant Objectives for this Patient in this Group (from the MTP):**

Leslie will be able to shower in a timely fashion.

Cancel Return

On this screen, you specify the group (having already selected the patient). You should add who is making the referral, the date of the referral, the Interventions for this patient in this group, and the relevant Objectives from the treatment plan that should be tracked for this patient in this group.

In order to get to observe how group referrals work when groups are being assembled, it would be a good idea to create at least a couple of referrals for patients whom you intend to enroll in your group.

### Setting up a group

So far, we have created a new group and specified some of the default parameters (e.g., who usually leads it, when it starts, and the unit with which it is associated). Now it's time to establish the membership.

From the Main Menu, click on Write Group Notes. This will bring you to the following screen:

Record Group Attendance																																																																							
Date of group: 12/26/2007		Leader: [dropdown]		Note that changes made here pertain to this meeting only. To make permanent changes, go to Group Setup.																																																																			
<input checked="" type="radio"/> All <input type="radio"/> One Unit		Co-facilitator: [dropdown]																																																																					
Group: [dropdown]		Start Time: [dropdown]																																																																					
		Length: [dropdown] min																																																																					
<table border="1"> <thead> <tr> <th></th> <th>Last name</th> <th>First name</th> <th>Present?</th> <th>Absent?</th> <th>Ignore?</th> </tr> </thead> <tbody> <tr><td colspan="6" rowspan="10"></td></tr> <tr><td colspan="6"></td></tr> <tr><td colspan="6"></td></tr> <tr><td colspan="6"></td></tr> <tr><td colspan="6"></td></tr> <tr><td colspan="6"></td></tr> <tr><td colspan="6"></td></tr> <tr><td colspan="6"></td></tr> <tr><td colspan="6"></td></tr> <tr><td colspan="6"></td></tr> </tbody> </table>							Last name	First name	Present?	Absent?	Ignore?																																																												
	Last name	First name	Present?	Absent?	Ignore?																																																																		
<div> <div>Cancel</div> <div>Group Setup</div> <div> <div>Schedule and Write Notes</div> <div>Resume Writing Notes</div> <div>Record Attendance (No Notes)</div> </div> </div>																																																																							

As you will see below, this is the screen where you start or resume the writing of a set of group progress notes. For now, though, we will use the Group Setup button to set up the membership of the group.

Select the group for which you wish to add and setup members. When you select the group, you will see the current people enrolled in the group listed. For now, please click on the Group Setup button. You should see the following screen:

**Set Up a Group**

**ADLS**

Last name	First name
-----------	------------

**Remove Member**

**Add member:**

[Dropdown menu]

**Leader:** [Dropdown menu]

**Co-facilitator:** [Dropdown menu]

**Start Time:** 9:00 AM

**Duration:** 60 min

**Unit:** Battell 2 South [Dropdown menu]

**Intervention:**

[Large text area]

**Relevant Objectives:**

[Text area]

**Insert Defaults** **Return**

First, notice that the group name appears in the upper left corner of the screen; in the upper right portion of the screen, are most of the group defaults that you created earlier. This is an alternative place to edit those defaults. Changes made here are permanent (until the group is edited again); as discussed below, changes to these defaults made on the previous (Record Group Attendance) screen are temporary.

Members already entered into this group are listed in the box on the left side of the screen. As you highlight each group member, the Interventions and Objectives for that group member appear in the text boxes at the lower right. They can be edited here (or, if blank, they can be created).

Using the “Add member” drop-down list, select one of the patients for whom you created a group referral. You should find that the Interventions and Objectives you created on that patient’s referral are automatically imported into the appropriate text boxes. Unless you wish to change the Intervention or Objective, no further setup for that patient is required. If a referral cannot be located, the system informs you of this situation; you can create the Intervention and Objective on this screen.

The process of fully setting up a group involves simply adding all the group members and ensuring that each has an Intervention and Objective. Once the group has been set up, you will find that much of the work of creating your group progress notes has already been done. Recall that on the Manage Groups screen (Page 4), you have the ability to create a Group Summary report, which contains the Interventions and Objectives for each client.

Note the presence of a new button, “Insert Defaults.” If you have created a set of Interventions and Objectives for all group members (e.g., for a psychoeducation group), you can insert these into the group setups for all members by clicking on this button. Note that this will replace any individualized group setups that you have already created; please be careful.

### **Writing group progress notes**

We have now created a new group, created some group referrals, and set up the group membership (including the Interventions and Objectives) for each member. Now let’s see what it’s like to write group notes for a group that has been set up.

On the Main Menu, click on Write Group Notes. You will find yourself on the screen shown on Page 12.

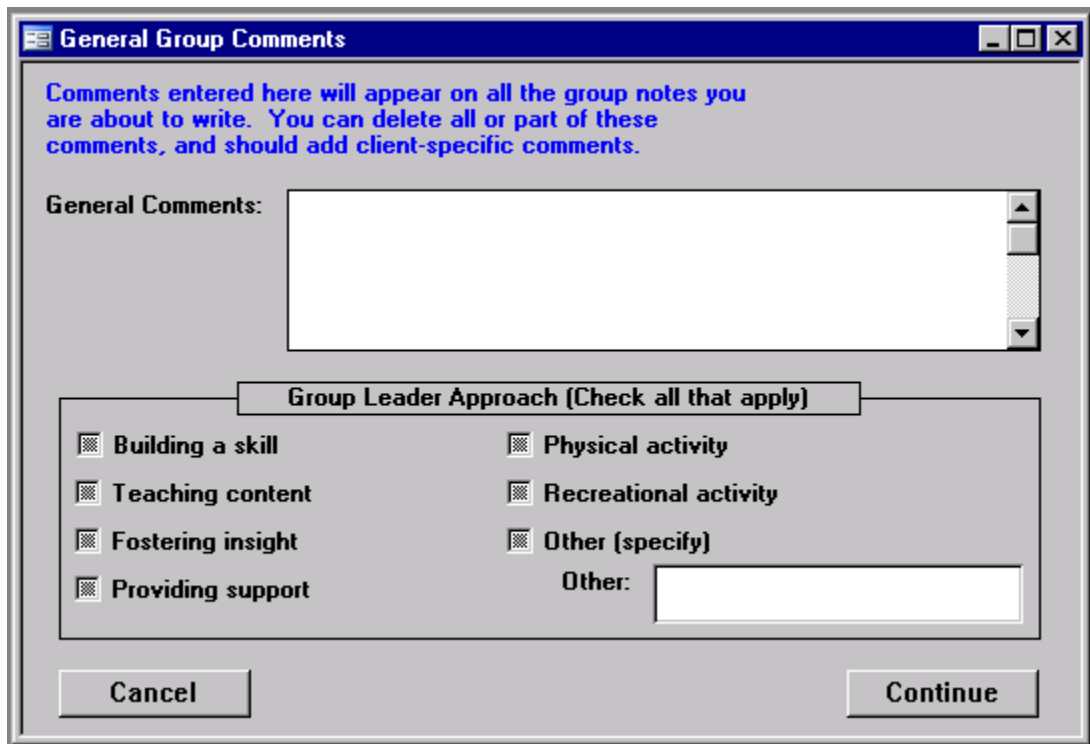
Note that some of the group defaults are listed towards the upper right of the screen. This allows you to make changes that are relevant only for this instance of the group (e.g., if there is a temporary substitute leader or if the group meets at an unusual time). Unlike changes made on the Group Setup screen, changes here will not be retained.

Choose the name of your group. The list of members will appear. Record attendance by checking group members as either “Present” or “Absent.” If, for some reason, you want the system to ignore a member (i.e., to create neither a service record nor a note), leave the “Ignore” box checked. In most cases, it is preferable to note when a member is absent, since this will enable you to document the reason for the absence, which is likely to be relevant.

At this point, you need to decide whether group progress notes are necessary for the activity you need to document. (You might wish to refer to the chart of Page 6 to help with this.) If progress notes are required, you will click on the Schedule and Write Notes button; of not, click on Record Attendance (No Notes). For now, let’s imagine that progress notes are required.

When you have completed the group attendance, click on Schedule and Write Notes. If there are problems with the group setup (e.g., missing Interventions or Objectives for one or more patients), you will be warned of this, but will be allowed to continue. Note that it is much more efficient to fix these issues, since once they are fixed, this information will be imported into group notes each time you write them.

On the screen that appears (see below), you enter general comments about the group that will be automatically entered into each member’s note. You also check off approaches that apply to your leadership of the group (and which will become part of the note for all members).



**General Group Comments**

Comments entered here will appear on all the group notes you are about to write. You can delete all or part of these comments, and should add client-specific comments.

General Comments:

**Group Leader Approach (Check all that apply)**

<input type="checkbox"/> Building a skill	<input type="checkbox"/> Physical activity
<input type="checkbox"/> Teaching content	<input type="checkbox"/> Recreational activity
<input type="checkbox"/> Fostering insight	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Providing support	Other: <input type="text"/>

After entering the required information, click on the Continue button to get to the screen where the individual group notes are completed:

Group Progress Note															
<b>Patient Name</b>		<b>MPI:</b> 178335	<b>60 min.</b>												
<b>11/26/2007</b>															
<b>Intervention:</b>	The Interventions that describe what this patient should be taught in this group go here.														
<b>Objectives:</b>	The Objectives that the group leader should track for this patient in this group go here.														
<b>Patient Participation</b> <table border="1"> <tr> <td>Active <input type="checkbox"/></td> <td>Energetic <input type="checkbox"/></td> <td>Comprehends <input type="checkbox"/></td> <td>Positive attitude <input type="checkbox"/></td> </tr> <tr> <td>Engaged <input type="checkbox"/></td> <td>Expressive <input type="checkbox"/></td> <td>Retains <input type="checkbox"/></td> <td>Demonstrates skill <input type="checkbox"/></td> </tr> <tr> <td>Passive <input type="checkbox"/></td> <td>Interested <input type="checkbox"/></td> <td>Pays attention <input type="checkbox"/></td> <td></td> </tr> </table>			Active <input type="checkbox"/>	Energetic <input type="checkbox"/>	Comprehends <input type="checkbox"/>	Positive attitude <input type="checkbox"/>	Engaged <input type="checkbox"/>	Expressive <input type="checkbox"/>	Retains <input type="checkbox"/>	Demonstrates skill <input type="checkbox"/>	Passive <input type="checkbox"/>	Interested <input type="checkbox"/>	Pays attention <input type="checkbox"/>		<b>Educated client?</b> <input type="checkbox"/>
Active <input type="checkbox"/>	Energetic <input type="checkbox"/>	Comprehends <input type="checkbox"/>	Positive attitude <input type="checkbox"/>												
Engaged <input type="checkbox"/>	Expressive <input type="checkbox"/>	Retains <input type="checkbox"/>	Demonstrates skill <input type="checkbox"/>												
Passive <input type="checkbox"/>	Interested <input type="checkbox"/>	Pays attention <input type="checkbox"/>													
<b>Comments:</b>	General comments for all group members go here.														
<div style="text-align: right;"> <input type="button" value="←"/> <input type="button" value="→"/> </div> <div style="text-align: right;"> <input type="button" value="Cancel"/> <input type="button" value="Print/File"/> <input type="button" value="File Drafts"/> <input type="button" value="File"/> </div> <div style="text-align: left;"> <input type="button" value="Print All"/> </div>															

You are looking at the first note (in alphabetical order) of the patients who were marked as either “Present” or “Absent.” (Patients checked as “Ignore” are not included.) Navigate among patients using the forward and back arrow buttons towards the lower right of the screen.

If the group was set up properly, you should not have to change the Intervention or Objectives text. The system will allow you to do so, however. If the patient received any education during the group, please check the “Educated client?” box. (Whether and how we are going to use this piece of data needs to be discussed.) Check the boxes that most accurately describe the patient’s participation in the group. Lastly, add anything to the “Comments” box that describes this particular patient’s involvement in the group. (Note that the general comments regarding the group have already been imported, and that the system has indicated that the patient was absent if you so indicated on the attendance list.)

Let’s now review how the buttons work:

#### Forward and Back Arrows

These buttons move you back and forth through the progress notes of the patients in the group.



#### Print/File

This will print the current note and will file it to the server (where others can see it). Once this occurs, this note will no longer be editable. If you file this group's notes as drafts and resume composing them later (as described below), notes that have been printed will not be included.

#### File Drafts

If you have not completed your notes and need to leave for a while, you can save all the unprinted notes as drafts and resume composing them later. Notes that have already been printed and filed are not included.

#### File (or Return)

This files all the notes, and will prevent further editing.

#### Print All

This prints all the notes in the current batch. If you are completing the notes in your first visit to this screen, all the notes for this group are included. If, on the other hand, you have resumed writing notes for a group, notes that have already been printed and filed are not included. As you are warned, printing notes will render them uneditable.

### **Resuming the writing of group progress notes from drafts**

This feature permits you (or another staff person) to complete a set of notes that have been started previously. From the Main Menu, click on Write Group Notes. This will bring you to the Record Group Attendance screen (shown on Page 12).

Select the group, and make sure that the Date, Start time, and Leader match the settings for the notes you wish to resume. (If you are finishing notes the day after the group, for example, you would need to reset the Date to the previous day's date.)

Do not record attendance, since this was already done. Click on Resume Writing Notes, and you should find yourself on the Group Progress Note screen (shown on Page 16). All the features on this screen work exactly as described in the "Writing group progress notes" section (immediately above).

### **Viewing group progress notes**

When a group note is filed, it becomes visible within a patient's chart. Filing occurs either when a note is printed or when one clicks on the File button on the Group Progress Notes screen.

To view a patient's group notes, go to the Main Menu, enter the patient's name or MPI, and click on the Group Contacts button. The following screen will appear:

**View Contacts**

**Samuel CVHperson**

	Date	Leader LN	Leader FN	Cofacil LN	Cofacil FN	Group
▶	12/1/2007	Forman	Stuart			Stu's test group

**View Selected Note** **Return**

You are looking at a list, in reverse chronological order, of all the group contacts in the system for the selected patient. It might be helpful to take a moment to consider the difference between a “contact” and a “note.” For important reasons, the EMR system makes a very definite distinction between these sets of data.

A contact is a unit of service. When you have recorded the attendance for a group and click on the Schedule and Write Notes button, contact records for all the group members marked “Present” or “Absent” for the group are created. From this moment on, they are available in the above list of group contacts. Note that it is therefore possible to have contacts on the list for which there are not yet completed notes.

To view the note associated with a contact, select the contact and click on the View Selected Note button. If a note exists, it will be displayed as follows:

Note 1 of 1			
<b>Samuel CVHperson</b>	<b>MPI: 125</b>	<b>60 min.</b>	<b>12/1/2007</b>
<b>Group: Stu's test group</b>	<b>Time: 9:00 AM</b>	<b>Staff: Stuart Forman</b>	
		<b>Staff ID: 480045</b>	
<b>Intervention:</b>			
Test intervention			
<b>Objectives:</b>			
Test objective			
<b>PATIENT'S QUALITY OF PARTICIPATION:</b> Active. Engaged.			
<b>GROUP LEADER APPROACH:</b> Building a skill. Teaching content.			
<b>COMMENTS:</b> General comments go here.			
Educated client? <input checked="" type="checkbox"/>		Note completed: <b>12/1/2007</b>	<b>1:02 PM</b>
			<input type="button" value="Print"/> <input type="button" value="Return"/>

Note that you are able to print the note from this screen. You cannot, however, make any changes to the note.

On the bottom of the screen are the date and time when the note was actually completed. It is the date and time of the service, however, that determines where in the chronology a particular service and note are displayed. (It is assumed that it is most helpful to the reviewer to see documentation in the order that events occurred, not necessarily in the order that notes were written.)

### Printing group progress notes in bulk

Until we have implemented enough of the EMR to consider the electric chart our official medical record, we are obligated to print and file some sort of documentation of group activity in the written record. Since charts are kept on each unit, and since groups can occur anywhere in the hospital, it seemed useful to offer a mechanism to organize the printing of notes on units for all the patients residing on that unit.

The initial plan was for a person on the unit to perform the clerical function of printing all the notes for either a specified patient or for the whole unit. This, however, has proven cumbersome, and a more streamlined process has now been designed. From the Main Menu, click on Reports, and then click on Group Summary Notes. You will then see the following screen:

**Print Group Summary Notes**

☒ One patient ☐ One unit

**From:** Date:  Time:

**Through:** Date:  Time:

**Print** **Return**

You can choose either to print a summary of group activity for one patient, or for all the patients listed on the census of a specified unit. Specify the starting and ending dates and times for the interval to be summarized, and then click on the Print button. I believe that you will find the group activity summarized in a digestible manner; the amount of paper is greatly reduced. Please note that the assembling of these reports involves extensive analysis, and therefore may take up to a few minutes per patient summary.

To use the original bulk printing function (which creates one group progress note per page), go to the Main Menu, click on Reports, and then click on Print Group Notes in Bulk. You will then see the following screen:

**Print Group Notes in Bulk**

☒ One patient ☐ One unit

Through: Date: 12/1/2007  
Time: 7:00 AM

☐ All ☒ Not printed before

Print

Return

When you select either “One patient” or “One unit,” a drop-down box will appear, offering you the opportunity to select either the patient or the unit. Change the Date and Time to reflect the date and time through which you want to print notes. (Notes for groups that occurred after the specified time will not be included.)

You have the option of printing all the notes for the specified patient or unit, or only notes that have not been bulk-printed before. It is essential to understand exactly how the system selects which notes to print:

First, understand that printing notes from the screens where they are created or viewed does not remove them from the printing queue. The “Not printed before” option will exclude only notes printed using this bulk printing option. This is to allow group leaders to print notes for their own use without interfering with the note getting into the medical record.

When a note has been included in a set of bulk-printed notes, it is flagged as having been printed and is thereafter excluded when the “Not printed before” option is selected.

In order to avoid missing notes that are written late, there is no starting date and time for the interval selected.

Since the system is selecting notes for all groups (and potentially for all the patients on a unit), there might be a very large number of notes to print. The system will tell you how many notes it is about to print, to avoid accidentally printing large numbers of unnecessary notes; you have the option of aborting the process.

If there is a printing problem during the process, it is possible that the system may incorrectly “think” that a set of notes has been successfully printed. If this occurs, please contact me. (The system logs each instance of bulk printing, so it is easy to remove the “printed” flag for a set of notes.) If the bulk printing feature is used widely, the ability to reprint a set of notes will be offered to users.

If a set of notes for a whole unit is printed, they will be sorted by patient name (in alphabetical order), and then by chronology. (This is to facilitate filing.)

It is anticipated that units will find varying approaches for printing notes most efficient. As the exigencies faced by different teams are better understood, we should be able to refine this process to optimize convenience.

### **Auditing for group activity**

Ultimately, the most important reason for bothering with the implementation of an EMR is to put information into the hands of the providers of care to enhance the quality of treatment. (Frankly, I do not expect people to be genuinely happy that we started all this until they have this experience.)

Unfortunately, providing information to system users only becomes possible when a significant volume of data has been accumulated. The first instance of this is a report summarizing participation in groups for the patients on a particular unit.

Go to the Main Menu and click on Group Attendance. You will see the following screen:

Group Attendance

For the selected unit and time interval, this report will list all patients currently included in the Unit Census. For each, it will list the groups attended at least once during the specified interval and the total time spent in groups.

Unit:

From:

Date:

Time:

Through:

Date:

Time:

Print Report

Return

Select the unit, and enter starting and ending dates and times. The report that will be printed to the screen lists all the patients on the unit in alphabetical order. For each, all groups attended at least once during the interval are listed, along with the total number of hours of group service experienced by that patient.

To send the report to the printer, click on the printer icon near the top of your screen. To then close the window, click on the “X” in the upper right hand corner of the window (not the “X” in the extreme upper right hand corner of the screen).

This is the first of many reports that should prove useful in enhancing the treatment that we offer to our patients.

## Epilogue

At this point, I am at least as sick of writing all this as you are of reading it. For me, one useful aspect of this process is the appreciation that using a new system such as this is not as obvious as it seems to me after spending thousands of hours programming it and using it over the past nine years. This is not exactly an apology, but is an acknowledgement of the frustration and aggravation associated with a complicated system that we have had to implement under unreasonable circumstances (i.e., within abbreviated time frames, and concurrently with other major new projects).

While all of this may get worse before it gets better, I sincerely hope that we can move forward in a spirit of patience and generosity (or, at least with a somewhat muted level of savagery). Thank you to the many staff whose input has resulted in the enhancements and corrections that have already been made (including those since the original version of this document). Peace.