

Solutions for Ohio's Quality Improvement and Compliance



A new standard in documentation

# Implementation Survey Data

July 2005

*For more detailed data, visit the SOQIC Web site at  
<http://www.mh.state.oh.us/cmtymh/soqic/soqic.index.html>.*

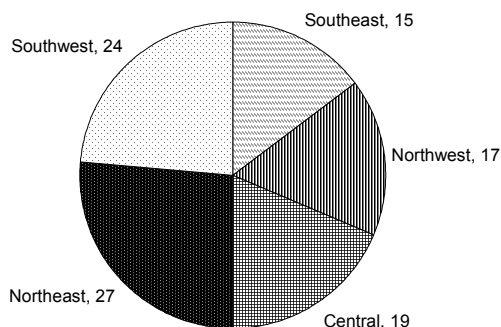
# In May 2005, six months after the SOQIC forms rollout, a SOQIC Implementation Survey was disseminated to examine the implementation rate of SOQIC forms and to assess user satisfaction.

This survey provides the baseline data relating to the implementation of SOQIC forms and the level of user satisfaction with the forms. Overall, the implementation process is on track and as the electronic forms become available, it is anticipated that many more agencies will begin to incorporate SOQIC forms into their system of care.

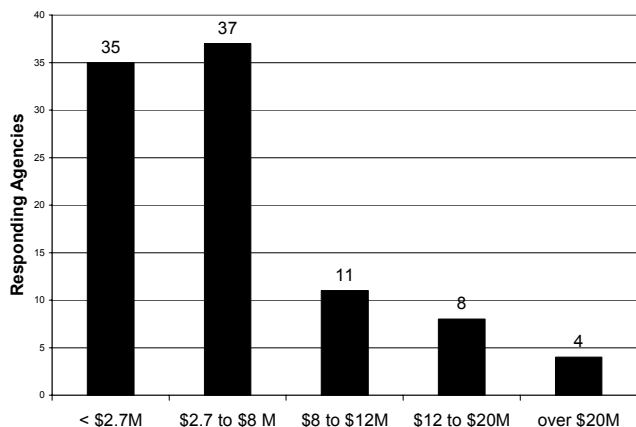
Additionally, the user satisfaction feedback is overwhelmingly positive. The experience of early adopters can help others as they begin to use the SOQIC forms. Education, training and information strategies will continue to support the adoption of SOQIC throughout the system. The Ohio Department of Mental Health is strongly committed to supporting and partnering with all SOQIC participants as we make the forms and processes core elements of transforming mental health care.

## Responding Agencies

The survey was available online for a month. Responses were received from 109 agencies from 38 Board areas.



Agency size was determined by agency budget categories the Ohio Council of Behavioral Healthcare Providers uses for its member surveys. The response indicates that smaller agencies and systems are more likely to have begun incorporating SOQIC forms. Since many of the larger systems already have electronic documentation systems, it will likely take them longer to adopt the SOQIC forms.



## Forms Usage

Almost 60 percent of responding agencies reported using SOQIC forms. An additional 22 percent reported they will implement the forms within the next year.

All SOQIC forms are being used by some providers. Respondents cited the Individual Service Plan and the Individual Progress Note as the most frequently used forms. Eight of the SOQIC forms are being used “all the time” by more than 50 percent of those responding. When the “frequently being used” responses are added in, eleven forms are being used “frequently” or “all the time.”

The survey also revealed a number of forms that are rarely used by most respondents. Five forms were cited as “Never” being used by more than 50 percent. Most frequently cited were the *Partial Hospital Note* and the *Nursing Progress Note (short form)*.

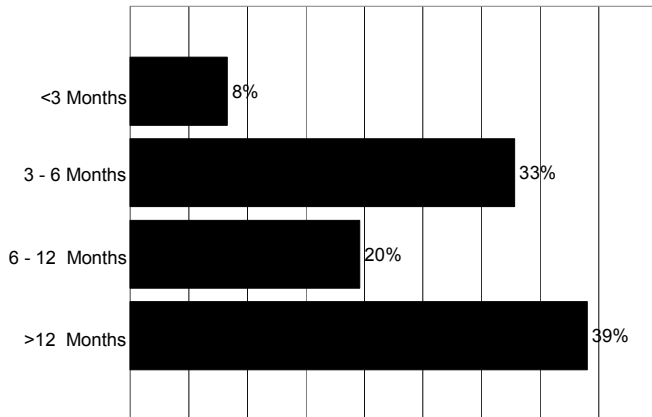
Form	Never (%)	Occasionally (%)	Frequently (%)	All the Time (%)	Total # of responses
Individual Progress Note	9	2	5	84	43 responses
Individual Service Plan	15	8	5	72	40 responses
Adult Diagnostic Assessment	21	3	11	66	38 responses
Transfer/Discharge	22	8	8	61	36 responses
Adult DA Update	30	5	11	54	37 responses
Health History	34	3	8	55	38 responses
Child/Adolescent DA	26	10	13	51	39 responses
Mental Status Exam	28	13	8	51	39 responses
CPST Note (long)	32	11	8	49	37 responses
Group Progress Note	40	2	10	48	40 responses
ISP Revisory Review	25	18	12	45	40 responses

## Paper or Electronic Forms

Responding agencies are primarily using the SOQIC paper forms, but some are beginning to implement the electronic forms with a combination of paper and e-forms. No respondent indicated using the e-forms exclusively. Of the respondents using e-forms, half are using the SOQIC pilot e-forms and the remainder are using SOQIC e-forms provided by their software vendor. As e-forms become more widely available, more agencies will adopt the SOQIC forms.

## Length of Use

When asked how long SOQIC forms have been in use, the majority of responses was over 12 months. The second largest category of usage was three to six months.



There were very few responses in the categories of less than three months and from six to 12 months. It appears that during this early stage of implementation that “early adopters,” the pilot agencies and a handful of non-pilot agencies, were primary users of SOQIC forms and that a number of agencies began using the forms after the SOQIC forms rollout training in fall 2004.

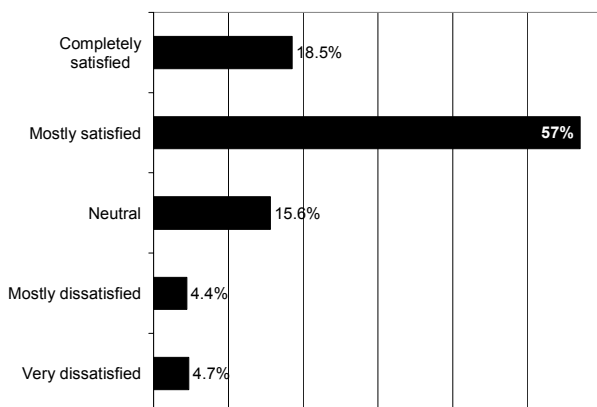
## Time to Complete

A new type of documentation takes some time to learn. Anecdotally, individuals have reported that after a learning period, the length of time spent on documentation decreased. The time necessary to learn a new system was identified as a concern by some respondents.

Documenting information on the Progress Note forms takes five to 15 minutes for 70 percent of respondents to complete, while some needed fewer than five minutes. A few respondents required 15 to 30 minutes to complete the form. Most respondents reported taking 60-90 minutes to complete the Diagnostic Assessment, while a small percentage took more than 90 minutes to complete this form, especially the child/adolescent version.

## User Satisfaction

Respondents were asked to rate their satisfaction with each individual form. Overall the number one category for all 22 SOQIC forms was “mostly satisfied.”



When the responses to individual forms are considered, satisfied responses ranged from 31 percent of responders *satisfied* (Nursing Progress Note – short form) to 96 percent of responders *satisfied* (Lethality Assessment). The Individual Progress Note had a smaller percentage (83 percent), but the highest number (34) of *satisfied* responses. The strength of support is also indicated with more than two thirds of responders rating *satisfied* on 19 of the 22 forms. The highest *dissatisfied* ratings were 19 percent for the Child/Adolescent Diagnostic Assessment and the Psychiatric Progress Note. However, these two forms also had *satisfied* ratings of 67 percent and 68 percent respectively.

## Ease of Use

Ease of use was rated as *extremely easy* or *somewhat easy* by 40 percent and *neither hard nor easy* by 33 percent.

## Integrated Care

One of the goals of the SOQIC project is to promote a more integrated approach to care. Half of the survey respondents reported the SOQIC form set promotes a *mostly integrated* approach to care. Nineteen percent replied *completely integrated* and 29 percent *somewhat integrated*.

## Changes to Forms

SOQIC is designed to standardize documentation. Changes to the forms are strongly discouraged. Even so, twenty-seven percent of responders reported changing some form elements to meet requirements of other funders or accreditators. This response indicates more education is needed about how the SOQIC forms accommodate these requirements. A few responders said they made changes for “local requirements” or to add billing codes. The second largest number of responses were “to meet JFS requirements” for children in both systems. The SOQIC Quality Management Council and the Ohio Association of Child Caring Agencies are working to address this issue.

## Changes to Internal Processes

About half of the respondents indicated that use of SOQIC forms has changed their internal processes. Typical responses included:

- Documentation is now more goal-oriented.
- We have cut down on paperwork.
- CSP workers and counselors work closer together.
- Improves the QA process quite a bit.
- Clinicians are much more mindful of the relationship of client circumstances to the documentation process.
- Has increased the structure of clinical process.
- Redesigned diagnostic assessment and individualized service plan processes with a designated lead, licensed clinician.
- Promotes the dimension of best practices.
- Treatment is integrated instead of each service doing their own plan.

## Training

Sixty-eight responders attended the Fall SOQIC Forms Rollout Training and found it either *very helpful* (23) or *somewhat helpful* (43). Training will continue to be an essential support for implementation of the SOQIC documentation system.



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