



Office of Mental Health (OMH) Continuous Quality Improvement Initiative for Health Promotion and Care Coordination

Monthly Data Reporting Webinar

We will begin shortly

Slides will be sent to attendees after the webinar

December 2014

Welcome!

To the
monthly
data
reporting
webinar!



Q&A via WebEx

- All phone lines are muted
- To access menu, hover cursor over green bar at top of screen – menu appears



- Use the “Q&A” feature; type questions and comments
 - Select “host” before sending
 - Do not use Chat function for Q&A

Overview

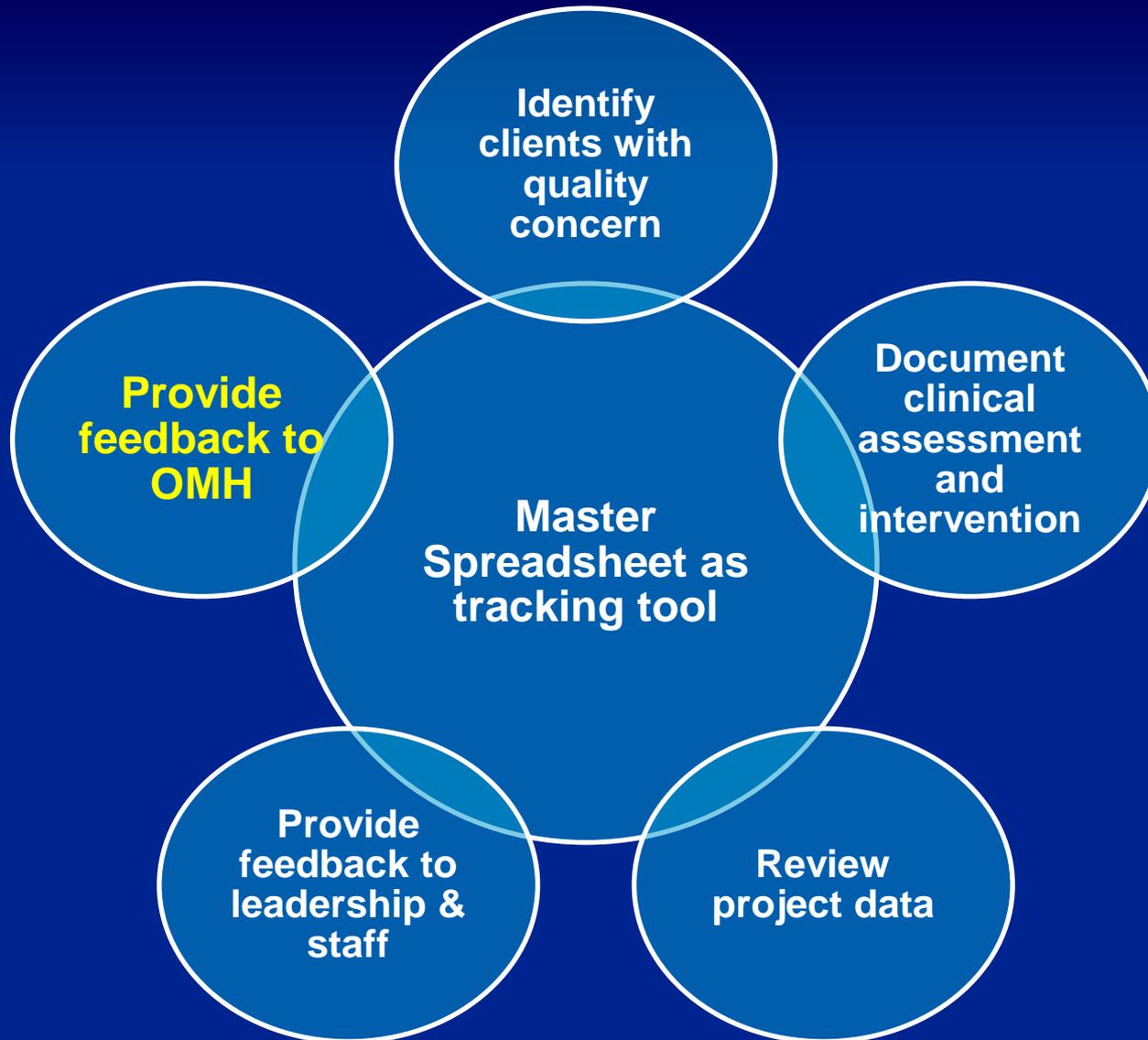
- Welcome
- Reporting Overview
- Quantitative Questions
 - General Guidelines
- Monthly Reporting Process
- Survey Demonstration
- Tracking Tools to Support QI
- Project Tips
- Questions

Reporting Overview

Purpose of Monthly Reporting

- For the CQI project:
 - Relies on data-driven decision-making
- For Clinics:
 - Supports the **Analyze** and **Control** phases of the project
 - Provides monthly status to clinic leadership
- For OMH
 - Assists in providing technical assistance

Using Data to Support QI



Quantitative Questions and Guidelines

General Guidelines

- The survey asks that clinics **report on activities/data for the past calendar month**. For example, on the January survey you would report on December activities/data.
- When tracking information and reporting on activities, **use the date that an activity took place at your clinic**
 - Example: the PSYCKES reports are refreshed towards the end of the previous month, and the QI team reviews the list **in the first week of January** to identify newly-flagged clients. Those newly identified clients would be reported in the February survey that captures activities from the month of January.
- Survey questions refer to the clinic's master list: this is your clinic's list of clients that have been identified as having a quality concern associated with your clinic's CQI project.

Survey Questions

- The focus of the survey has changed from project implementation to project performance. Clinics will be asked to:
 - Report on newly identified clients
 - Report on total number of active identified clients
 - Report on interventions delivered to clients
 - Report on use of the PSYCKES application to review clinical summaries

Quantitative Question 1

- How many clients did you newly identify and add to your master list in the past month?
 - We recommend that **newly identified clients** be obtained from the PSYCKES "New QI Flag" tab for your CQI project summary indicator. Additionally, other data sources may be used (e.g., client's self-report, electronic medical record, and quarterly treatment plan). Since you are tracking over time, be sure to use the same data source(s) every month.
 - Only count newly identified clients who are actively enrolled in your clinic. For example, if a client is flagged in PSYCKES but has been discharged from you clinic, do not count that client.

Quantitative Question 2

- What is the **total number of active identified clients** on your master list (as of the last day of the past month)?
 - **Active identified clients** are individuals who currently have a quality flag and who are currently on your clinic's census. The clients include those flagged in PSYCKES and/or identified through other sources such as a client's self-report, electronic medical record, and quarterly treatment plan.
 - The **total** should include the number of newly identified clients that you reported in Question 1.

Quantitative Question 3

- Of the total number of active identified clients on your master list, how many **received an intervention related to their CQI project quality concern(s)** in the past month?
 - **Client received an intervention related to a CQI project quality concern(s)** refers to when clinic staff implement a strategy to explicitly address a client's project quality concern(s).
 - Data relating to interventions delivered should be maintained through use of a structured clinical document or other data collection tool.

Quantitative Question 4

- Of the clients on your master list, how many individual Clinical Summaries were **accessed** through PSYCKES in the past month.
 - PSYCKES Clinical Summaries include up to 5 years of Medicaid treatment history across settings, including inpatient and outpatient care, medications, and labs for both behavioral and physical health.
 - We recommend that clinical staff have access to and use the PSYCKES Clinical Summary to support the evaluation/review of an identified client during an appointment. Clinical Summaries can be printed out and filed in medical records, distributed to clinicians, or viewed by clinicians on PSYCKES.
 - This number should be an **UNDUPLICATED** count. That is, each client with a clinical summary accessed is counted once, no matter how many times the summary was viewed.

Clinical Summaries

- We recommend that clinical staff have access to and use the PSYCKES Clinical Summary to support the evaluation/review of an identified client during an appointment. Clinical Summaries can be printed out and filed in medical records, distributed to clinicians, or viewed by clinicians on PSYCKES.
- To obtain the total number of clinical summaries accessed in PSYCKES, create a usage report in PSYCKES:
 - Click “Usage Reports” on the screen header
 - Click “Clinical Summaries”
 - On the “Date Range” line, enter start and end dates for the past month
 - In the “Service” box click the down arrow and select “Outpatient - MH”
 - In the “Service Setting” box click the down arrow and select “Clinic MH - ALL”
 - Click Submit
 - PSYCKES will generate a usage report
 - Review the list of clients on the report to identify and count those on your master list

Screen shot of clinical summary Report

PSYCKES MEDICAID New York State **omh** Office of Mental Health

Log Off De-Identify

My QI Report Statewide Reports Recipient Search Provider Search MyPSYCKES Registrar Menu Usage Reports User Settings

PSYCKES Users PHI Access Module Clinical Summaries MyPSYCKES Usage Report

Clinical Summaries Viewed

Provider:

Date Range: Start date End date

User Information:

Work Setting(s): <input checked="" type="text" value="All"/> State Provider (e.g. OMH, DOH, OASAS) Local Government Unit BHO - Behavioral Health Organization MCO - Managed Care Organization Provider Administration Health Home Administration Case Management Emergency Department/CRP	Role(s) in Organization: <input checked="" type="text" value="All"/> Leadership (e.g. CEO, Dept. Chair, Prg Director, Administrator, e Quality Management (QI/QA/UR) Information Technology Administrative Support (clerical, registration/medical records) Attending Physician Peer Worker SW, RN, NP, Other Clinician/Direct Service Resident/Intern/Trainee	Licensed Profession: <input checked="" type="text" value="All"/> Physician Physician - Limited 3-year license Physician Assistant Registered Professional Nurse Nurse Practitioner Licensed Practical Nurse Licensed Master Social Worker (LMSW) Licensed Clinical Social Worker (LCSW)
---	--	---

Status: Name(First & Last): User ID: Registrar:

Recipient Information:

Last Name: Medicaid ID: SSN(XXX-XX-XXXX):

Service: Service Setting:

Release: 4.9.3

Monthly Reporting Process

Reporting Instructions

- Each participating licensed clinic completes the monthly survey
- Data from satellite clinics should be included in the data reported for the associated licensed clinic
- If submitting data for one clinic in a multi-clinic agency, make sure that the survey answers correspond to the correct clinic – check your CID code
- Submit survey on/before due date (generally 10th of the month)
 - **The December survey is due January 12.**

On-line Monthly Reporting Process

- On 5th of the month (or next business day):
 - Link is emailed to clinic director and PSYCKES point persons
 - Posted on PSYCKES website
- CQI team designates 1 person to complete the survey
 - AND a back-up person in case the first person is unavailable
- Reporting is always relative to the previous calendar month
- Report due: 10th of the month (or next business day)

The December monthly report is due January 12

Survey Link on the Website

- Go to PSYCKES Home Page: www.psyckes.org
- On “News” Page and in “Freestanding Clinics”

The screenshot displays the PSYCKES Medicaid Home website. At the top, the header includes the Office of Mental Health logo, the names of the Acting Commissioner and Governor, a search bar, and a navigation menu with links for Home, News, Data & Reports, Publications, Resources, Employment, and A-Z Site Map. Below the menu is a secondary navigation bar with links for Message from the Acting Commissioner, About OMH, OMH Facilities, Initiatives, Contact OMH, and FAQ. The main content area is titled "PSYCKES Medicaid Home" and features three large blue arrows pointing right, labeled "PSYCKES", "Initiatives", and "Resources". Each arrow points to a corresponding list of links in a grey arrow-shaped box. The "PSYCKES" list includes PSYCKES Medicaid, Log into PSYCKES, and MyPSYCKES. The "Initiatives" list includes Freestanding Mental Health Clinics, Hospital Quality Collaborative, Emergency Rooms, and Other Initiatives. The "Resources" list includes Quality Improvement Teams, Clinicians, Behavioral Health Inpatient Providers, and Consumers and Families. On the left side, a vertical menu lists various site sections, with red arrows pointing from the "News" and "Freestanding Clinics" items to their respective locations in the main content area.

Office of Mental Health
Acting Commissioner Kristin M. Woodlock, RN, MPA Governor Andrew M. Cuomo

Search OMH

Home News Data & Reports Publications Resources Employment A-Z Site Map Language Access | 中文 | Русский | Español | Kreyòl Ayisyen

Message from the Acting Commissioner | About OMH | OMH Facilities | Initiatives | [Contact OMH](#) | FAQ Print

PSYCKES MEDICAID

Log Into PSYCKES

About PSYCKES

Calendar

News

Recorded Webinars

Quality Concerns

Initiatives

Assertive Community Treatment (ACT)

Care Management

Freestanding Clinics

Hospital Collaborative

Emergency Rooms

Other Initiatives

Resources

OL Teams

PSYCKES Medicaid Home

PSYCKES

- ▶ PSYCKES Medicaid
- ▶ Log into PSYCKES
- ▶ MyPSYCKES

Initiatives

- ▶ Freestanding Mental Health Clinics
- ▶ Hospital Quality Collaborative
- ▶ Emergency Rooms
- ▶ Other Initiatives

Resources

- ▶ Quality Improvement Teams
- ▶ Clinicians
- ▶ Behavioral Health Inpatient Providers
- ▶ Consumers and Families

Survey Design

- On-line survey captures data from **each** clinic
 - Respondent selects agency/clinic – check CID code to ensure your are reporting for the correct clinic
- User-friendly data entry
 - Drop-down menu for selections
 - Check marks
 - Free-text answer boxes

Survey Overview

- Administrative Information
 - Contact information
 - Select agency/clinic and region
- CQI Project Performance
 - 4 quantitative questions about flagged clients, interventions and PSYCKES application usage
- Review and Confirm Data
 - Review answers from beginning of survey
 - Confirm that data is correct
 - Submit survey

Survey Link on the Website

- “News” Section
- Public website, PSYCKES access NOT required

New York State State Agencies Search all of NY.gov

Office of Mental Health
Ann Marie T. Sullivan, M.D., Commissioner Governor Andrew M. Cuomo

Home News Data & Reports Publications Resources Employment A-Z Site Map Language Access | 中文 | РУССКИЙ | Español | Kreyòl Ayisyen

Message from the Commissioner | About OMH | OMH Facilities | Initiatives | Contact OMH | FAQ Print

PSYCKES MEDICAID

Log Into PSYCKES

Project Tools Clinical Tools Using PSYCKES Past Initiative Center for Practice Innovations

Freestanding Mental Health Clinics

Freestanding Clinics

Overview

The Continuous Quality Improvement (CQI) Initiative for Health Promotion and Care Coordination focuses on quality concerns related to health promotion and behavioral health care coordination. The **Health Promotion and Coordination** project includes quality indicators that focus on ensuring that appropriate planning and coordination takes place for individuals at risk for high utilization of medical inpatient services and medical emergency room (ER)

News

- [The monthly data submission survey](#) for Freestanding Mental Health Clinics is now open. Data is due by **January 12, 2015**
- Two webinars, "Quality Concerns" and "Activities and Expectations," provide information on the CQI Initiative for Health Promotion and Care Coordination. They were conducted live in early 2013; a recorded version is on the [webinars](#) page.



On-line Survey Demonstration

Tracking Tools to Support QI Project

Master List

- **Master list** (e.g., Excel spreadsheet) refers to your clinic's list of clients that have been identified as having a quality concern associated with your clinic's CQI project. It provides data that support CQI and clinical activities and should be updated monthly to reflect changes in clients' status. More information is available on the PSYCKES website at:
https://www.omh.ny.gov/omhweb/psyckes_medi_caid/initiatives/freestanding/data_tools/tracking_spreadsheet.html

1. Master Spreadsheet

- Use PSYCKES and other sources to create a master spreadsheet of clients with a quality flag
- Update spreadsheet to track
 - Client risk factors
 - Interventions delivered to clients
 - New clients
 - Date client's clinical summary accessed
- Data sources for creating/updating spreadsheet include e.g. PSYCKES, client self-report, EMR, clinical case reviews, information from other providers

Sample Master Spreadsheet: Project Tools → Master Tracking Spreadsheet

Master Tracking Spreadsheet

Clinic QI teams are expected to maintain a list of clients that have been identified as having a quality concern to provide actionable data that support CQI activities. This list of positive cases can be shared with clinical staff to ensure that they are aware of any quality concerns to be addressed during a client's appointment; used as a tool to track client status; and provide the QI team with data about progress towards project goals. The master list should be updated regularly.

OMH recommends the following strategy for identifying and tracking positive cases:

- Initially, the QI team logs into PSYCKES and exports the list of unduplicated recipients for the summary indicator into Excel, making any corrections necessary. This forms the basis for a running, comprehensive list of positive cases identified for the project.
- The team adds columns for additional information of interest (e.g. clinic name, indicators, therapist name, date identified, date evaluated, intervention, and outcome of clinical evaluation).
- If the clinic is using additional methods to identify positive cases, these names are added to the list.
- The list is sorted by clinic and/or clinician and distributed to appropriate staff.
- Each month thereafter, the QI team checks the "New QI Flag" and "Dropped QI Flag" tabs in PSYCKES. After verifying the data in clinic records, the team updates the list to incorporate any changes in positive case status.

A [sample spreadsheet](#) developed by using this technique and more [detailed instructions](#) (45kb) can help you design a master tracking spreadsheet.

Comments or questions about the information on this page can be directed to the [PSYCKES Team](#).

Create Spreadsheet

- Using PSYCKES, export the list of unduplicated recipients for the summary indicator into Excel (do this once)
- Make necessary corrections (e.g., adjust column width)
- Add columns for additional information of interest
 - e.g., clinic name, indicators, therapist name, date identified, date evaluated, intervention, and outcome of clinical evaluation
- Use additional methods to identify positive cases, if applicable; add these names to the list
- The list is sorted by clinic and/or clinic staff and distributed to appropriate staff

Indicator: Click Summary

Indicator Set: Health Promotion and Coordination

Select indicator for detail.

Indicator Set

Indicator

Indicator	Population	On Any	N	%	Regional %	Statewide %
Diabetes Monitoring-No HbA1c >1 Yr	All	61	19	31.15	34.01	29.28
No Outpatient Medical Visit >1 Yr	All	536	85	15.86	17.10	15.52
No Diabetes Screening-On Antipsychotic	All	178	37	20.79	28.55	26.22
4+ Inpatient/ER - Med	All	669	48	7.17	11.57	10.64
Prevent Hosp Asthma	Adult	669	3	0.45	0.77	1.04
Prevent Hosp Diabetes	Adult	669	2	0.30	0.89	1.15
Prevent Hosp Dehydration	Adult	669	3	0.45	0.22	0.24
Summary	All	669	170	25.41	30.10	27.64

Export PSYCKES Data

Quality Indicator Overview As Of 05/01/2013

Provider: Main Street Health Center

Site:ALL, Attending:ALL, Program Type:MHClinic - Free Standing
 Age:ALL, Population:ALL

Indicator Set:Health Promotion and Coordination, Indicator:Summary

Recipient ^	Medicaid ID	DOB	Quality Flags	Medications (BH; exclude	
Aaffdef Diabedf	Adjdbbc Djdacgd	12/31/9999	No Outpt Med	BUPROPION HCL, DIVAL LAMOTRIGINE, SERTRAL TRAZODONE HCL	
Ababdae Abagif	Caefbge Hijebic	12/31/9999	No Outpt Med		
Abadcbc Cfaided	Efbggjd Jbedgde	12/31/9999	No DM Screen-AP, No Outpt Med	CLONIDINE HCL, DULOX OXCARBAZEPINE, QUETI	
Abdcbfa Bfcbbed	Ficcagb Cegbecc	12/31/9999	4+ Inpt/ER-All, 4+ Inpt/ER-Med		
Abfabcq Jbdebcc	Jacajha Fbjdfa	12/31/9999	No Outpt Med		None Identified
Abfcchh Gdchdfa	Cggaiid Fbdabcd	12/31/9999	4+ Inpt/ER-All, No Outpt Med		KARBAKSH ROYA

Export Option

Excel Option

Export into separate worksheets.
 Export into single workbook.

Sections Select All

*Use ctrl key to select/unselect multiple items.

Sample Master Spreadsheet

Recipient	Medicaid ID	DOB	Quality Flags	Medications (BH; excludes enhanced PHI)	Most Recent BH Outpatient Attending	3+ Inpatient - BH	3+ ER-BH	4+ Inpt/ER-BH	Readmit- All BH 45d	Adher - AP (Szch)	Adher- MS (Bipo)	D/C-AD <12wks	Clinic Name	Therapist Name	Date Identified	Date evaluated	Intervention
*****	*****	****/****/****	3+ Inpatient - BH, 4PP(A), DM, Obes, Readmit-All BH 30d, Readmit- All BH 45d, Readmit-All BH 7d, Readmit-Hosp BH 15d, Readmit-Hosp BH 30d, Readmit-Hosp BH 45d	CLONAZEPAM, LITHIUM CARBONATE, OLANZAPINE, TRAZODONE HCL	*****	1	1		1				Main Street	****	2/15/13	3/19/13	CBT, MI, refer to health home
*****	*****	****/****/****	Adher-MS	ARIPIPIRAZOLE, DULOXETINE HCL, GABAPENTIN	*****						1		Main Street	****	2/15/13	3/1/13	CBT, pill boxes, reminders,
*****	*****	****/****/****	3+ ER-BH, 4+ Inpt/ER-All, 4+ Inpt/ER-BH	CLONAZEPAM, SERTRALINE HCL	*****		1	1					Westside	****	2/15/13	3/27/13	CBT, MI, refer to social support services
*****	*****	****/****/****	CVD, D/C-AD <12wks, HL, HTN, No DM Screen-AP	CITALOPRAM HYDROBROMIDE, OLANZAPINE	*****								1 Main Street	****	2/15/13	2/29/13	behavioral tailor teach back
*****	*****	****/****/****	D/C-AD <12wks, No HbA1c-DM	CITALOPRAM HYDROBROMIDE	*****								1 Westside	****	2/15/13	3/6/13	behavioral tailor teach back, fam involvement
*****	*****	****/****/****	Adher-MS	OLANZAPINE	*****						1		Main Street	****	2/15/13	3/25/13	behavioral tailor teach back

Intervention Checklist

- We have developed two checklists for clinics to use for tracking interventions being provided to clients in response to quality flags. There are specific forms for the Health Promotion Project and the Behavioral Health Care Coordination project. Each clinic should develop a strategy for collecting and tallying the information on the forms
- These forms are optional and may be helpful for clinics to track delivery of project interventions and form the basis of the quantitative reporting process. However, these forms are for your internal use and you should not submit them to OMH
- Forms:
 - Should be customized before use by removing interventions that are not used
 - Can be modified by adding specific “Other” interventions used
 - Can be modified by adding additional information your clinic would like to collect (i.e. clinic name, clinician name etc.)

Intervention Checklist, con't

- Individual tracking forms:
 - Are specific to each client with an identified quality flag
 - Contain individual client identifying information
 - Are completed whenever a client meets with a clinician - interventions are tracked session by session

Individual Intervention Checklist

PSYCKES Health Promotion – Individual Intervention Checklist

Client Name: _____ Date: ___/___/___

Clinician Name: _____ Medicaid ID: _____

Indicate client’s quality flag (s)

High Utilization of Medical Inpatient/Emergency Room (4+Inpatient/ER)	No Outpatient Medical Visit
Preventable Hospitalizations – Adult Diabetes	No Diabetes Monitoring for Individuals with Diabetes
Preventable Hospitalizations – Adult Dehydration	No Diabetes Screening for Individuals on Antipsychotics
Preventable Hospitalizations – Adult Asthma	

Interventions: annual physical exam	Date	Date	Date	Date
Medical staff at the clinic provided physical				
Medical staff at the clinic checked weight, blood pressure, lab and physical exam status				
Refer to medical providers on-site				
Refer to medical providers off-site				
Review results of labs or physical exam				
Follow-up with abnormal physicals				
Educate clients on the benefits of regular exams				
Motivational interviewing to promote an annual outpatient medical visit (i.e. physical exam)				
Assist in scheduling physicals				
Provide reminders for physicals				
Provider transportation for physicals				
Peer support				
Interventions: reduce high utilization of inpatient/ER services				
Evaluate risks and causes of high utilization				

Intervention Checklist, con't

- Group tracking forms:
 - Are used to keep track of a group of clients
 - Can be used by a clinician to track all flagged clients on her caseload, by a supervisor during supervision, while doing administrative record reviews or during any meeting related to clients and interventions (i.e. rounds, clinical meetings, etc.)
 - Can be used to keep track of any time period. The number of interventions used can be denoted by numbers or hatch marks.

Group Intervention Checklist

PSYCKES Behavioral Health – Group Intervention Checklist

Clinician: _____

Month: _____

	Client Initials	Client Initials	Client Initials	Client Initials
Interventions: low medication adherence or discontinuation				
Assess or review medication adherence during session				
Evaluation of risk factors for low medication adherence or discontinuation				
Educate client on the importance of medication adherence and/or review adherence strategies				
Use of long-acting injectables				
Clozapine				
Cognitive Behavioral Therapy to address low medication adherence or discontinuation				
Motivational Interviewing to address low medication adherence or discontinuation				
Behavioral tailoring (e.g. dose cues) to address low medication adherence or discontinuation				
Pill boxes				
Medication reminders				
Family involvement				
Appointment reminders				
Coordination with other treating providers				
Contact with pharmacy				
Interventions: high utilization of inpatient and/or behavioral health services				
Evaluation of risk factors for high utilization of inpatient and/or behavioral health services				
Identify, monitor and educate about early warning signs of relapse				

Submission Worksheet

- Shows the date that each clinic submitted monthly surveys for the months included in the current Monthly Progress Report

Note:
 -The report is due on the 10th of every month (or next business day).
 -Red text denotes a late submission.
 -Blank cell denotes no submission.
 -If a clinic submitted multiple surveys, OMH accepted the survey with the latest date.

CID	Agency Name	Program Name	Region	Mar-14 Entry date	Feb-14 Entry date	Jan-14 Entry date	Dec-13 Entry date
CNYC110	Steinway Child and Family Services, Inc.	Steinway Child and Family Services Mental Health Clinic	New York City	4/10/2014	3/10/2014	2/10/2014	1/10/2014
CNYC111	Steinway Child and Family Services, Inc.	Steinway Howard Beach Clinic	New York City	4/10/2014	3/10/2014	2/10/2014	1/10/2014
CNYS150	Steuben County Community Mental Health Center	Steuben County Mental Health Clinic & Counseling Center	Western New York	4/15/2014	3/17/2014	2/6/2014	1/3/2014
CNYS104	Suffolk County Community Mental Hygiene Services	Brentwood Mental Health Center	Long Island	4/9/2014	3/7/2014	2/10/2014	1/10/2014
CNYS105	Suffolk County Community Mental Hygiene Services	Farmingville Mental Health Center	Long Island	4/11/2014	3/10/2014	2/11/2014	1/11/2014
CNYS106	Suffolk County Community Mental Hygiene Services	Riverhead Mental Health Clinic	Long Island	4/8/2014	3/18/2014	2/6/2014	1/9/2014
CNYS062	Sullivan County Department of Community Services	Sullivan County Mental Health Clinic	Hudson River	4/10/2014	3/11/2014	2/10/2014	1/3/2014
CNYC009	The Bridge, Inc.	Bridge Clinic Treatment Program	New York City	4/10/2014	3/10/2014	2/7/2014	1/15/2014
CNYC112	The Child Center of NY, Inc.	Asian Outreach Program	New York City	4/10/2014	3/6/2014	2/10/2014	1/9/2014
CNYC113	The Child Center of NY, Inc.	The Child Center of NY - Flushing Clinic	New York City	4/10/2014	3/10/2014	2/10/2014	1/10/2014
CNYC114	The Child Center of NY, Inc.	The Child Center of NY - Jamaica Clinic	New York City	4/10/2014	3/7/2014	2/10/2014	1/10/2014
CNYC116	The Child Center of NY, Inc.	The Child Center of NY - South Jamaica Clinic	New York City	4/7/2014	3/10/2014	2/10/2014	1/10/2014
CNYC117	The Child Center of NY, Inc.	The Child Center of NY - Woodside Clinic	New York City	4/8/2014	3/11/2014	2/5/2014	1/8/2014
CNYS171	The Children's Home of Jefferson County	Community Clinic of Jefferson County	Central New York	4/18/2014	3/5/2014	2/10/2014	1/9/2014
CNYS025	The Family Counseling Center, Inc.	Family Counseling Center Mental Health Clinic	Central New York	4/4/2014	3/6/2014	2/7/2014	1/6/2014
CNYC076	The Fifth Avenue Counseling Center, Inc.	The Fifth Avenue Counseling Center, Inc.	New York City	4/15/2014	3/10/2014	2/11/2014	1/10/2014
CNYC129	The Guidance Center of Brooklyn, Inc.	The Guidance Center of Brooklyn Heights	New York City	4/10/2014	3/10/2014	2/10/2014	1/10/2014
CNYS063	The Guidance Center, Inc.	Grand Street Clinic	Hudson River	4/4/2014	3/5/2014	2/5/2014	1/6/2014
CNYS065	The Guidance Center, Inc.	Lincoln Avenue Clinic	Hudson River	4/4/2014	3/5/2014	2/5/2014	1/6/2014

Tips for Monthly Data Tracking and Reporting

Tips for Completing Survey

- Question 1 - How many clients did you newly identify and add to your master list in the past month?
 - If this number is VERY large – investigate
 - The number of new clients should not exceed the total number of clients! If it does - investigate
- Question 2 - What is the total number of active identified clients on your master list (as of the last day of the past month)?
 - This number should stay around the same – if there are any big changes - investigate

Tips for Completing Survey

- Question 3 - Of the total number of active identified clients on your master list, how many received an intervention related to their CQI project quality concern(s) in the past month?
 - Consistent low numbers here may compromise your clinic's standing in this project
 - This should NEVER be 0! This IS the entire reason for the project
 - This number should be a high percentage of the clients identified as being on your master list
- Question 4 - Of the clients on your master list, how many individual Clinical Summaries were accessed through PSYCKES in the past month.
 - We will be following up with clinics who have consistently low numbers relative to the number of clients on the master list
 - If the number of clinical summaries is low, review additional summaries
 - This number should be an UNDUPLICATED count. That is, each client with a clinical summaries accessed is counted once, no matter how many times their clinical summary was viewed.

Tips for Completing Survey

- At this point everybody should have a way to count, collect and report data
- Your clinic should have a process in place for updating the master list, tracking interventions and reviewing clinical surveys that is consistent
- It helps to keep track of your numbers month to month

Using a Simple Chart to Track changes

- By using a chart like this, you can see trends month to month and investigate any big changes

Month	Clients newly identified and added to your master list in the past month	Total number of active identified clients on your master list (as of the last day of the past month)?	Of the total number of active identified clients on your master list, how many received an intervention related to their CQI project quality concern(s) in the past month?	Of the clients on your master list, how many individual Clinical Summaries were accessed through PSYCKES in the past month.
9/14	23	64	50	18
10/14	15	75	68	19
11/14	20	70	62	18
12/14	12	67	45	16

Tips for Completing Survey

- QI team develops plan for completing survey
 - Assign tasks to team members (if applicable); one person is assigned to submit the survey, one person is assigned to be a back-up
 - Set data collection deadline in advance of survey deadline
- Ensure data tracking systems are in place
 - Meet with clinical leadership/staff to discuss tracking implementation of clinical strategies and interventions
 - Use tools –such as intervention checklist

Tips for Completing Survey

- Print individual survey pages for your records
- Review survey before submitting
- Each month: consistently select and report on the same project
- Submit by due date
- Contact PSYCKES-Help to request updates in OMH contact database
 - Survey link and other project-related emails sent to designated staff

Contact Information

- PSYCKES application and questions about monthly reporting
 - PSYCKES-Help:
PSYCKES-help@omh.ny.gov
- CPI training modules and on-line tracking system
 - CPI helpdesk:
cpihelp@nyspi.columbia.edu
646-774-8422

Event Center Questionnaire

- Feedback about WebEx, *not* webinar content
- Check box to bypass in future

Thank you for using Event Center.
[Click Here](#) if you are interested in WebEx for your company.

Comments? Questions? Please send us feedback:

Your email

Comments

I need technical support.
 Don't show this window after each event.

Please rate your event experience.

	Excellent	OK	Poor
Setup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Questions