CIS Issues Identified

There were four themes found regarding issues that were identified with the Provider RT DB, 1) the functionality was cumbersome to use, 2) the desired functionality was not available, 3) the functionality was available but the users did not know it was, and finally, what we termed 4) enhancement requests or added functionality that was noted by more than one user as being something that would be helpful in doing their jobs. Please remember that these comments were collected without prioritizing or verifying the system capabilities, and that we understand that many of these are communication and training issues rather than limitations to RT functions.

When discussing these with Sound Data Services, many items listed in the table below are already features of the Provider Raintree Database functionality. The draft version of this list was discussed at the last SDS User Group meeting. SDS offered feedback from that User Group meeting which has been incorporated into many of these items.

1. Logging in	• Feedback from SDS indicates that this is a training issue and there is no naming convention but that Raintree 101 documentation explains that end users are not to select stations 1 – 10. A number of users, some of which have a good deal of experience using Raintree, continue to be confused about the login process. They click on the Raintree icon on their workstation, put in their login credentials and are then presented with a requirement to select a "workstation". • There are certain workstations that users are asked to avoid using, but have to remember the naming convention to pick those out of what can be a lengthy list. • According to Sound Data staff, this is a function of the limited number of licenses available for use at any given time and the fact that they are currently using a "concurrent" license method for logging in. Since there are more than enough licenses for all users, each user could be assigned a separate login to this step. When Electronic Medical Record (EMR) functionality is added, clinicians with EMR licenses will not have to do this step, but administrative staff may, depending on how many licenses are available for concurrent use at that time.
2. Initial consumer search	SDS said this is a training issue; however there was frustration with the method of doing an initial search for a consumer "master record" in order to determine whether data should be added to an existing consumer's records or whether the consumer is new to the region and a new master record should be added. Users described a multi-step method where they: • Put in part of consumer information in search screen and get a "quick list" • Look through the list to find a match, then copy down the account # on paper • Press the |Escape| key twice to go back to the main screen • Find the "admin defined reports" section • Find their "account" report • Enter the account # • See the data on the selected person Users who perform "front desk" functions described a good deal of frustration in the process since they often look up a number of consumers throughout

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This may be an opportunity to change available options for certain security levels, or to provide additional training for some staff.
It is possible that county staff may need access similar to VOA and Integrated Crisis in order to be able to add information for people jailed from another community, and also for county care coordinators that need to view all consumers within the county, regardless of which agency is serving them as well as all consumers seen by offices located in their county.
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<tr><td>3. Scheduler module</td><td>Per SDS, the group decided to not customize the standard RT Schedule Module, but rather to submit feedback to RT to incorporate into the next release. RT anticipates a Fall release of the Appointment Module, with features available to those customers that have upgrade to the MySQL platform. SDS is currently upgrading to MySQL which will coincide nicely with the new Appointment Module features.

The module that allows for scheduling staff into available dates and times and consumers into those appointments has gained a reputation for being quite frustrating to use. Users reported having to use a number of "work arounds" for years in order to do their jobs. They noted with some frustration that some of these issues are known to Sound Data and have "been on the list for years" as requests for improvement, but apparently the issues have not been addressed. Some of the current frustrations mentioned include:

When scheduling a consumer for an appointment, even if they know the consumer's ID number, they have to go back to the main search menu, enter enough identifying consumer information (first and last name, or part of a name, etc), find consumer in the displayed list, and then activate the scheduling module to schedule that consumer. This specific problem is being worked on as part of the MySQL conversion.
Front-desk staff expressed frustration at having to navigate eight to nine screens in order to enter a new appointment. They describe a series of steps where they first enter the appointment in the staff's calendar, then go back out to the search module, find the correct consumer, drill down to the area to schedule the appointment and then enter that consumer into the set up appointment. At the last User Group, all agreed that this was a training issue and they planned to follow-up at their agencies.
One provider reported a known "bug" that causes a good deal of frustration and use of staff time to "work around", when new staff are added to the scheduler, they often have to close their whole session and restart Raintree to make the addition work. Thankfully, adding new staff does not occur every week or for some agencies, even every month or year. Generally, one person is responsible for adding new staff so it does not affect most users and those responsible for adding staff don't have to do so often.
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In the scheduler, each staff is assigned a “home” program in the system but can't be assigned to more than one. This causes problems because staff enters the clinical credentials in the home program in the provider table but only have one place to put in the program, however, some staff work in more than one program. Each staff is assigned to a program, and if the scheduler were tied to each staff, that would help in getting services entered and associated with the right staff. Per SDS, this specific design compromise is being tracked on the list of improvements that will be resolved.
Hard coded or default values in fields are designed to provide help to entering data for typical common values, but can sometimes get in the way. According to SDS, there are some input documents that are still a problem. This issue is on the “parking lot” list for resolving during EMR design changes. Providers that do a lot of out of office services expressed challenges with scheduling appointments that occur out of their facility. At the request of one agency at the August User Group meeting, additional appointment types that indicated the service was to be performed “out of office” were discussed. The group agreed with the change and the appointment codes were added to the system the following week. They also noted that there does not seem to be a way to override this default and so expressed that they cannot schedule appointments for services provided “out of facility”, even for service codes such as “out of office assessment”, the service location field defaults to the “in office” location. Members of the User Group also helped to explain that certain CPT or HCPC codes are limited to a specific place of service so the system won’t allow an override.
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<tr><td>4. Frustrating data entry</td><td>
There were a number of users who relayed frustrations in various aspects of entering data. The User Group discussed these various examples and recognized that what is frustrating to some may not be frustrating at all to others. It is important to remember that not everyone using the system experiences any or all of these frustrations, but those mentioned include:
Entry screens that, based on their layout and flow of data entry, “would make sense to a clinician” but less so to someone doing data entry. It is nice that the screens can be changed fairly easily, but the existing screens were originally designed to match the data collection forms at APN and VOA in 2003. Since that time, screens have been modified as changes were made to the paper forms. Since 10/2007 when APN ceased to exist, some agencies have chosen to change agency level forms that have proven problematic to data entry at those agencies when the screens do not follow the new, customized forms.
Some users use the “batch” process during entry but don't really understand its function. This is a great training opportunity that the User Group plans to resolve.
Some hoped that they could do their own data corrections for data entered on the same day, within a particular batch. Historically, both the previous BDS information system and its predecessor SIA were batch driven so that nothing “posted” until the run each night or week (based on each agency’s policy. Since RT is a “real-time” system, each record is written to the database at the save point. Each agency has made security
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	decisions for each user's ability to make corrections. • In the Crisis plan module, the text box used to enter the plan is limited to certain number of characters per line. However, each line doesn't "wrap around" like a typical word processing program, so often users continue typing not realizing this. It is reported that users will lose all entry beyond that limit and so they have to remember to look at the screen and enter hard returns (press |Enter|) after each line. Users noted that it was difficult to train other entry staff on this "glitch." This problem should be resolved for an EMR and progress notes or clinical staff will struggle with this "glitch". A "full text entry" option became available last winter but has not yet been implemented. This issue was discussed at the last User Group meeting and they have a developed both short-term and longer-term improvements to the Crisis Plans. • A number of users commented in general that it was hard for them to train other staff on use of Raintree due to the use of function keys and user interaction with entry screens. The User Group sees this as part of a learning curve issue common to most software and that with some practice it becomes second nature. o New staff offer commonly heard feedback and complaints that the application uses non-standard functions that are frustrating to learn. For example, the use of function keys rather than the |escape| and |Enter| keys common to other graphical user interfaces. o Some noted the inconsistent use of various keys, where in some screens the |Enter| key is used to advance to the next field, while in other screens the user needed to use the down arrow, and in some, the user has to use mouse-click to navigate to the next section. Feedback from the User Group indicated that originally this was the case, but currently, most screens are set-up to use "any key" to, so this may be a training issue. o The |Tab| key is both used to advance to next field and to open a table at various fields. Again, not a consistent use of interface functions. • When viewing demographic screens, users complained that when they were done, even if they had made no changes, they always get prompted about whether they "want to abandon changes"? This can be confusing and is annoying for users. According to SDS, this only happens if a user hits the |Esc| key instead of |F10| so it sounds like an opportunity for a reminder. • Frustration was noted for various fields that are available to enter data into but for which apparently Sound Data specifies to not fill in certain fields. This has become a training issue where staff has to remember to orient new staff on how to interact with certain fields. Screen highlighting, comments, or some indicator of optional and required fields would aid in data entry. The User Group was wondering if this is referring to the difference between "required" and "optional" fields and plan to investigate. • There was a common theme that in general, they found the screen layouts "frustrating," non-intuitive and often not laid out in a way they

	expected, for particular business functions. It is clear from the User Group that this is not a universal belief, but this seems to be an opportunity to streamline paper forms, data entry screens, and "enter-as-you-interview" screens for entering data while you gather the information from the consumer. • Some users reported that if they find a consumer in a global search, in order to add them to their program for the first time, they have to enter the consumer's demographic information again. Per SDS, this was the original decision when the system was set-up. Consumer name and DOB are pulled during the first visit with any given agency. Gender and address must be added unless the consumer is being readmitted to a specific agency.
5. Correction or deletion of entered data	There are a few situations for timing of errors that can be introduced to the MIS: keying errors that are caught immediately and those that have already been submitted to the NSMHA MIS in nightly exports or to the MHD in weekly exports. • A number of providers and their staff expressed frustration over the inability to correct their own mistakes made during data entry. This functionality is apparently under the control of security settings and can be changed. One larger provider noted that they had reviewed this function and decided to not allow staff to correct their own mistakes since they could not control the ability for users to change any other data, even historical data, and this made the risk to "internal audit controls" unacceptable. At the last User Group meeting, it was agreed that they would talk with staff at their agency about entry into the system posting "live" and the importance of adequate internal controls. This may be a good time for agencies to look at user security levels to make sure that they have staff set-up to perform all of the duties required to maintain their data and make changes as appropriate. • As noted above, at one provider site visit, a set of users requested the ability to have "same day" ability to correct or delete erroneous data. Such a process should be considered by each provider as a reasonable compromise. Moreover, coupled with the use of the batch process, this has the potential of providing usable functionality and quality control methods. Please note that some users do have the ability to make corrections based on their job function, approval of the agency security officer, and agency policy.
6. Consumer Workstation Software	• Provider IT staff that install and troubleshoot the functioning of the Raintree application said that while the application has an "event log", there is not enough detail information provided in the log to be useful in troubleshooting functionality or connection problems. SDS staff asked that they be called by those experiencing problems with the Consumer Software. Thankfully, most connection problems are related to a temporary Internet challenge and that for the most part, once the VPN is set-up, it works reliably with improved security while operating much faster than communication designs based on past technology. • They also noted that since most users do not have administrative rights to

	the Windows OS on their workstations, IT staff installing the application has to make a large number of "permission" changes within Windows OS to the user's account to make the application work, typically more than they are comfortable with. Since the application required
7. Batch Function	Some users did not use the function at all while others used it by opening and closing batches of data that they had entered, but most did not know what it was used for nor did they gain any functionality from using it. Perhaps documentation could include useful ways to use this tool. This is affected by both training and each agency's internal procedures.
8. Enhancements	During site visit interviews and phone calls to providers, staff often expressed frustration about the lack of certain functionalities. In discussions, it was easy to rephrase their comments as enhancement requests; things that they readily agreed could be included in this report and prioritized with Sound Data to have them work on as improvements. There may already be requests that Sound Data is aware of and is working on, nevertheless, we included user requests here so that Sound Data can comment on them, and those that are true enhancements could then be prioritized to add the functionality. • For crisis services, in the caller information on agency contact screen, add place for the name of the agency calling, along with the current space for name and phone number. According to SDS, these fields are actually completed by VOA but cannot be opened at the agency level after transfer per VOA requirements that were agreed to by the Implementation Steering Committee. • The ability to track single bed certifications and reason for certification in civil commitment screens. Per SDS, a field was added several months ago for single bed certifications after meetings with NSMHA and VOA. SDS was uncertain about the "civil commitment" screens and is interested in more information. • Adding the phrase "jail" as referral source in crisis service screen. According to SDS, this change would require NSMHA adding this to their Data Dictionary. • Provide real-time bed availability info at Secure Detox facility. SDS indicated that this has been discussed but it was determined to not move forward. Apparently people are still interested and it may need a "Steering Committee" type group to prioritize this functionality or the reasons for the decision may need to be better communicated to users. SDS indicated that this was considered but it was not implemented due to concerns about the timeliness of data entry needed to support "real-time tracking". The functionality is available in RT software but has not been implemented. • Provide way to enter clinical notes and tracking of each crisis staff that has contact with a consumer. SDS agreed this was a good suggestion and has added chart notes for PACT consumers. • In crisis episode section, no way to track multiple staff working on referral. While there IS a place to enter multiple staff in the service entry screens, request is to track multiple staff activity during hand-offs of crisis calls until resolution. Per SDS, the solution for this would be very different

	depending on if it is at the agency level or for VOA. • Ability of DMHP/DCR staff to see clinical profile of a consumer during crisis or jail transition service without having to login with separate login/password. • In special episodes section, request a link to service entry screens, similar to how links to other parts of the system work, so user can jump from entry of the episode info right to entering the services. • While providers can currently enter multiple outcomes for episode endings, they want a way to get reports of these choices. • Civil commitment court hearing information on hearing dates, outcomes • On master record, provide way to see agency contact and dates of contact: currently this doesn't show so treatment history is not very helpful. • Ability to view VOA call log records to help with continuity of care. • Some kind of quick navigation “bookmarks” so they could go right to functions they often use. • Provide way to sort on various fields in consumer's ledger display, to show more recent events and services paid. For example, some consumers have very long lists and staff has to scroll through many pages to get what they need. Column sort functionality would help in these reviews. • Desire the ability to run reports on who is on LR/CR (Least Restrictive/ Conditional Release). • Improve readability of printed billing statements. Users report that they are hard to read and have a confusing layout. • A way to remind users when special population evaluations are needed based on ethnicity, age etc., but only if clinician seeing the consumer is NOT a specialist for that area. • Some way to change global names. Some VOA entries are reported to be inaccurate, and when consumer comes in for treatment, the provider will often get the accurate name spelling but they cannot update the information. Instead, they have to call Sound Data and have them change it. • A number of providers requested a way to be able to post NSMHA payments to consumer accounts like any other payer. Otherwise they are struggling to reconcile the bulk NSMHA payment, since NSMHA does not provide an itemized invoice. They do not know how many services got submitted for them or how many they got paid for. It has been noted that during the design of the current fee-for-service system in the region, providers expressed reluctance to go to a full claims model. This does seem to somewhat be at odds with current sentiment about the NSMHA invoicing process. • Inclusion of an indicator of when an initial 30 day treatment plan has been completed. • For Jail service providers doing a search for a consumer, if the report finds no results, the report will display, along with header labels, but no data is shown and there is no explanation for lack of data. A better user

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Provide places to enter data currently unable to be entered:
LR/CR information. Currently many users put this information into the “global alert” field but it doesn't get to the RSN since they do not see global alert data. Separate fields for this information would solve this. This is also issue for non-Medicaid consumers who are on an LR/CR, since providers also request authorization for these consumers from NSMHA, but NSMHA cannot see LR/CR information.
History of hospitalizations including community hospitals, Western State Hospital (WSH) Eastern State Hospital (ESH), and E&T facilities.</td></tr>
<tr><td>9. Training/ Understanding</td><td>A number of users made comments about functionality that they wished was present, while in fact it is. During the course of site visits, we noted that in several cases one provider would describe how they employ a certain function that another provider had complained was unavailable. We also brought some of those comments to Sound Data staff for clarification and in several cases, were told that, in fact, that particular functionality was there.

Examples of this include statements that “there are no data integrity and data quality reports,” that there is no way to see what data they've entered and do quality checks on it, that they have to call Sound Data to delete or correct any incorrect data and a lack of knowledge on how to get any reports out of Raintree.</td></tr>
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