

Appendix A- Raintree Enhancement Requests and User Frustrations

There were four themes found regarding requests for Raintree enhancements and users' frustrations with the system, 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.

Appendix A	Sound Data Response
<p>Logging in</p>	<p>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 (Workstations 1-10) 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. If there were enough for all users, they could assign one per user and avoid this step. When 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.</p>
<p>Initial consumer search</p>	<p>A consistent frustration was 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:</p> <ul style="list-style-type: none"> • 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(training issue) • 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 (This must be particular providers workflow that makes no sense at all) <p>Users who perform "front desk" functions described a good deal of frustration in the process since they often look up a number of</p>
	<p>The user group was a bit confused by the terms "consistent frustration" did this mean multiple users reported this or a few consumers, based on the workflow described is not the standard and most common workflow.</p> <p>The workflow described is for the small county jail services program. These programs made a decision based on the small number of jail referrals to do manual looks ups of data instead of participating in the upgrade that would allow them to use an automated function for looking up the client data required.</p> <p>All other users of the system do a client search and make a selection from the Quick List, when that selection is made it takes the user directly to the client's record. So</p>

Appendix A - Raintree Enhancement Requests and User Frustrations

	<p>consumers throughout the work day and find the process time consuming, with multiple steps to remember. It would be helpful if the "quick list" search screen could lead directly to various consumer information screens once the consumer ID is selected. (It does)</p>	<p>the system works as the consultant recommends that it should.</p>
<p>Scheduler module</p>	<p>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 "works around" 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. Sound Data indicated that a new and improved update to the scheduling system is scheduled for release this Fall. Some of the current frustrations mentioned include:</p> <ul style="list-style-type: none"> • 1. 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. • 2. Front-desk staff expressed frustration at having to navigate eight to nine screens in order to enter a new appointment. (User group determined this was a Training issue) 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. • 3. 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. • 4. 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 	<ol style="list-style-type: none"> 1. The first description indicates that the person reporting this has not been adequately trained in how to schedule an appointment. The full client search is imbedded in the scheduling module and does not require a user to move out of the Appointment Module to find the client. 2. The user group reviewed this scenario and concluded that this issue was also a training issue for the person who reported this. 3. We are aware of this intermittent bug being reported, but have not yet been able to identify the cause and solve it permanently. It is being worked on. 4. Each staff member is assigned a home program in the provider table. In the Appointment Module, a staff can be listed in multiple programs, but when an event ticket is printed the system pulls the home program from the provider table not the Appointment Module. There are technical and design reason that it was programmed this way based on decisions by the steering group when the system was implemented. The user group has added this item to there list of possible

Appendix A- Raintree Enhancement Requests and User Frustrations

	<p>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. (Training Issue)</p> <p>5. 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. Providers that do a lot of out of office services expressed challenges with scheduling appointments that occur out of their facility. (Training Issue or process issue at agency) They 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. This is based on CPT code - training issue- additional appt types have been added to address this problem)</p>	<p>enhancements to the 9.4 version.</p> <p>5. The user group reviewed this item and the person that reported was at the meeting that day. It was determined that there were two issues, one related to understanding how to use the scheduler when services were being done outside the office and an agreement to add additional appointment types to make the scheduling process work better for that particular agency. In addition, the group helped to educate the newer user on why place of services default codes were set up and how to override them as necessary.</p>
<p>Frustrating data entry</p>	<p>There were a number of users who relayed frustrations in various aspects of entering data, such as:</p> <ul style="list-style-type: none"> • 1. 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. Some agencies have recently changed forms so that they no longer follow the data entry screens. • 2. Some users use the "batch" process during entry but don't really understand its function. Training issue • 3. Some hoped that they could do their own data corrections for data entered on the same day, within a particular batch. Agency policy for security rights • 4. 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". • 5. A number of users commented in general that it was hard 	<p>1. Originally all screens were designed based on APN clinical forms and the screens followed those forms. Recently, some agencies re-did the forms not realizing that it would affect the data entry. Those agencies are re-visiting the designs. EMR enhancements will allow for agency defined workflows as well as data collection forms.</p> <p>2. The term "batch" in Raintree is used a grouping tool, not a traditional batch process. The user group discussed this issue and noted that re-fresher training on how to use this function was needed based on each agencies work processes.</p> <p>3. Raintree is a "real time" system which means that each piece of data is added immediately to the database. A Batch based system allows for data to be held in temporary position and is written the data base at a specific time. In a Batch based system, changing of data prior to writing to the data base can be done. In Raintree, who can change or correct data is controlled by the agency who assigns all users to specific permissions. The user group determined that this was a communication and training issue for each agency to address.</p>

Appendix A - Raintree Enhancement Requests and User Frustrations

<p>for them to train other staff on use of Raintree due to the use of function keys and user interaction with entry screens.</p> <p>Training Issues</p> <ul style="list-style-type: none"> o 5. 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 jescapel and Enter keys common to other graphical user interfaces. 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. Training issue - o 6. 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. <ul style="list-style-type: none"> • 7. 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. Training Issue • 8. 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. • 9. There was a common theme among a number of provider agencies 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. All screen designs were approved by agency designated staff during the design phase and all changes have been recommended and/or approved by current user group. • 10. 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. Training Issue -- Need example 	
	<ul style="list-style-type: none"> 4. The upgrade to fix this problem was implementing into the production system on January 15, 2009. 5. In the previous system the ESC key was used to save or confirm, in Raintree the F10 key is used to save or confirm. Most screens have been modified to allow movement upon any key. The User group agreed to review these concerns at their agencies to determine if it was training issues or if there were screens that need to be updated. At this point SD has not received any feed back but will follow up again at the next meeting. 6. The members of the user group did not see this as a problem but would check with their users to get more information. 7. We have tested and cannot replicate this problem. The only time the Abandon changes option appears is when a data field has been changed. 8. Both Sound Data and the User Group could not make a determination on this compliant with out knowing which screens were being referred to. All screens do have data checks for required fields. Use of optional fields is an agency policy and specific workflow directed. 9. This appears to be a repeat of item #1. Once again with out knowing which screens appear to be problematic neither the User Group or SD staff could assess the issue. 10. Without an example of this specific problem, neither the User Group nor SD could determine what the problem might be. The basic design of Raintree moves data between VOA Access and VOA Crisis screens to the Agency screens to prevent duplicate entry of demographic data.

Appendix A- Raintree Enhancement Requests and User Frustrations

<p>Correction or deletion of entered data</p>	<p>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.</p> <ul style="list-style-type: none"> • 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. • 2. The security setting that prevents users from deleting or changing data they entered is initially set that way for all providers and if the software will allow this function by provider, then provider staff given the role of security officers should review the request and determine the risks to their agency compared to the loss of productivity involved in needing other staff to change or delete data. This could be considered a training issue. • 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. 	<p>This recommendation is a repeat of previous comments. The assumption that the Raintree System could be moved to a "batch process" to allow for any user data correction is not possible. As noted before the User Group felt that security issues and data correction rules needed to be better communicated at the agency level to end users.</p>
<p>Client Software on Workstations</p>	<ul style="list-style-type: none"> • 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. • 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 	<p>We are not sure what the consultant is recommending on this topic.</p>

Appendix A - Raintree Enhancement Requests and User Frustrations

	<p>application work, typically more than they are comfortable with.</p> <p>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.</p>	<p>The Batch function is a grouping function to make reporting and data completeness reports easier to manage. The user group once again determined this was an end user training issue.</p>
<p>Enhancements</p>	<p>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.</p> <ul style="list-style-type: none"> • 1. 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. • 2. The ability to track single bed certifications and reason for certification in civil commitment screens • 3. Adding the phrase "jail" as referral source in crisis service screen. • 4. Provide real-time bed availability info at Secure Detox facility – Significant Addition to system • 5. Provide way to enter clinical notes and tracking of each crisis staff that has contact with a In crisis episode section, no way to track multiple staff working on referral. • 6. 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. • 7. 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. • 8. 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. • 9. While providers can currently enter multiple outcomes for 	<ul style="list-style-type: none"> 1. – This is an easy change, but no request has been received to make this change. 2. – A meeting was held with NSMHA staff and VOA staff, it was determined that this was currently not needed. 3. – NSMHA table – should use criminal justice option 4. – bed tracking was determined to expensive to add because agencies did not do real time data entry – could be looked at again. 5. consumer – RT has this ability, but it has not been requested for ICRS. 6. Not sure what is being referred to. ICRS User group was going to look into this. 7. We assume this refers to a VPN or agency network logon that is required prior to allowing the user to log on to RT. 8. User group did not see a need for this option 9. System only allows single outcome by type. We need to know which report they need more info on. User group felt this might be a training issue. 10. – User groups were unsure what this was

Appendix A- Raintree Enhancement Requests and User Frustrations

<p>episode endings, they want a way to get reports of these choices.</p> <ul style="list-style-type: none"> • 10. Civil commitment court hearing information on hearing dates, outcomes • 11. 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 • 12. Ability to view VOA call log records to help with continuity of care VOA restriction • 13. Some kind of quick navigation "bookmarks" so they could go right to functions they often use Provide way to sort on various fields in client'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 <p>Desire the ability to run reports on who is on LR/CR (Least Restrictive/ Conditional Release) Current report exists at Agency level. Pending transmission criteria do that this info can be sent to NSMHA.</p> <ul style="list-style-type: none"> • 14. Improve readability of printed billing statements. Users report that they are hard to read and have a confusing layout • 15. 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 • 16. 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 • 17. 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. 	<p>referring to</p> <ol style="list-style-type: none"> 11. – Training Issue 12. – HIPAA issue per VOA – meets original design criteria. ICRS user group will revisit this concern. 13. – Improved ledger search will be implemented with MYSQL Version Winter Quarter. 14. . Recent changes have improved this, but due to the nature of clients being in treatment over an extended length of time and the agencies choice to post to line items, a better layout has not been able to be determined by the agencies. SD is open to suggestions from user and have discussed this many times with user group. 15. This information is included in the Clinician Caser Load report. 16. – Correct, Master Record changes need to be controlled centrally- design decision agreed on by all providers. 17. Not a SD issue 18. User group was not sure if this was a screen change request or a report change request, more information is needed to determine what the enhancement is directed at. 19. SD has not yet received a request to make this change through the current process and its unclear what type of message is needed. We encourage the users to request a specific change. 20. a. The Provider RT data base does provide a screen to put this information into. Currently, this information is not part of the transmission to NSMHA, but could be. Per discussion at CIS, this data would be helpful at NSMHA. SD is waiting for transmission specifications. b. HIPAA issue, this info is available to some security levels based on job function and need to know.
--	---

Appendix A - Raintree Enhancement Requests and User Frustrations

	<ul style="list-style-type: none"> • 18. Inclusion of an indicator of when an initial 30 day treatment plan has been completed. • 19. 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 message would help. • 20. Provide places to enter data currently unable to be entered: <ul style="list-style-type: none"> ○ All Training Issues ○ A. 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 ○ B. History of hospitalizations including community hospitals, Western State Hospital (WSH) Eastern State Hospital (ESH), and E&T facilities. 	
<p>Training/ Understanding</p>	<p>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.</p> <p>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. Need to know who is struggling.</p>	<p>This appears to be an summary observation. Both SD and the User Group felt that more information was needed in order to respond to this item. It seems that this clearly a training issue as there are a number of reports that would help this provider. SD would be glad to help get this resolved.</p>