



Turning Point
Alcohol & Drug Centre

Case Notes for AOD Services

Prepared for
NADA Professional Development
'Four C's for Courts' Forums

July 2012

Jacqui Cameron

What's wrong with this picture?

Name: ~~Sean~~ Shane

Date: Monday

Shane was late. Blew up in session. I think he's mad at his mum. Angry at everyone. Discussed events of week & how they relate to counselling. Didn't get it.

- Completed a bit of screen.

Went over homework plan. Talked about comm skills. P-tive comm imp.

Will come again but not expecting to see him with homework.

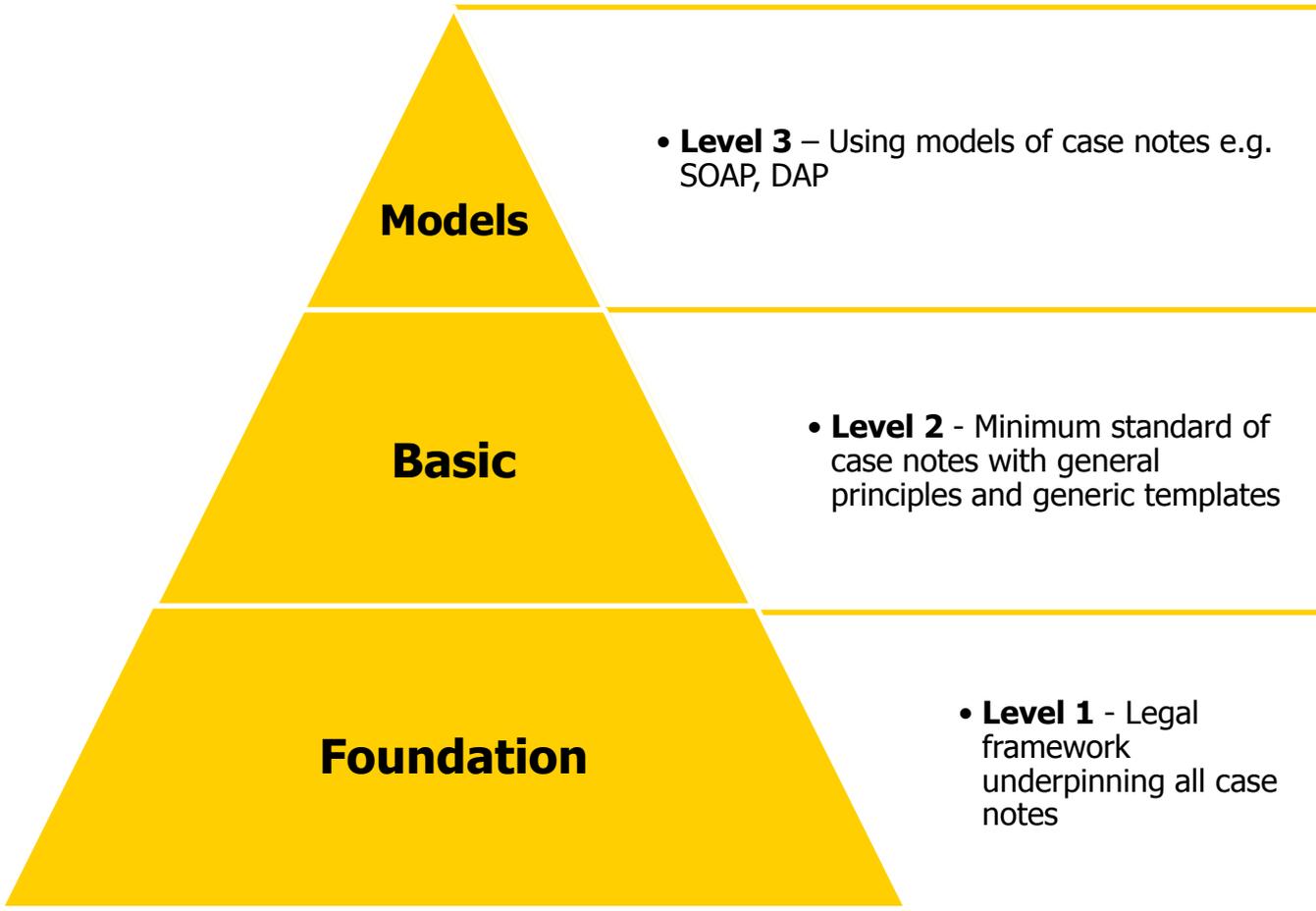
AG.



Aims of today's session:

- Provide overview of development of case note guideline
- Explore case notes and legal issues
- Learn about protecting your clients, yourself and your service
- Explore evidence based practice and principles of good writing

The Case Note Pyramid





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Background to case note guideline project

- Previous research has identified problems with case note writing
- Alcohol and drug services vary in approach to writing
- Issues include lack of time, understanding of legal issues, clinical value, training and support, supervision, etc
- Improving case notes can improve client outcomes and clinical practice
- Research translation – develop, transfer & apply knowledge



Phases of the project

1. Systematic literature review
2. State-wide online survey of AOD clinicians
3. Case note guideline developed
 - a) Principles of good case note writing
 - b) Legal issues raised from review
 - Consultation process with AOD clinicians
 - Work with pro-bono legal team
 - FAQ section of guideline developed
4. 'Road tested 'guideline in 3 AOD settings



Literature and evidence

- Literature on case notes mostly in nursing, social work and mental health
 - No high quality studies e.g. RCTs
 - Lots of clinical evaluations & assessment of practice
 - Limited AOD-based studies
- Purpose of case notes is to provide the 'what, why, where and how' of the client interaction
- Case notes not clinically valued
- Recurrent themes: poor morale, time constraints, seen as a 'necessary evil', case notes not written in a timely manner
- Poor case notes can result in poor decision making and adverse outcomes
- Challenging to achieve quality documentation that minimises ethical risk



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Literature and evidence

- Consensus about what constitutes a good case note
- Improve service delivery, client outcomes & minimise risk
- Importance of training & support to write good case notes
- Much diversity and interpretation of 'good practice'
- Security & confidentiality of case notes are essential
- Timing is critical - importance of organisational support
- Different models of case notes
- Use of case notes as part of reflective practice in supervision



Case note survey (n=206)

- A web-based survey of AOD clinicians was conducted to obtain a 'snap-shot' of how case notes are currently used in AOD services
- Issues explored:
 - Reasons for doing case notes, use of templates, case note policy, information recorded, influences, timing, changes/corrections, security & access, knowledge of confidentiality laws, subpoenas, research translation

Case note survey (N=206, n=150)

Response		Response %	
10+ years in sector	5-10 years in sector	37.3%	28.5%
Northern & Western Region		22.6%	
Permanent full time employment		61.7%	
Clinician		36.6%	
Community based AOD service		55.5%	
Counsellor	AOD worker/clinician	28.9%	22.6%
Member of counselling, consultancy & continuing care (CCCC) team		45%	



Case note survey

Response			% response		
Formal training (undergrad/post grad training)			56.8%		
Informal training (in service, peer/clinical supervision)			77.7%		
Complete case notes because they may be required by the legal system			88.1%		
Case note has been subpoenaed			49.4%		
Use a case note template			51.1%		
Paper only	Electronic only	Hybrid	36%	27%	37%
Complete case notes straight after each session			56%		
Have had difficulty reading colleagues' case notes			59.1% (sometimes)		
Have had difficulty interpreting colleagues' case notes			77.7% (sometimes)		

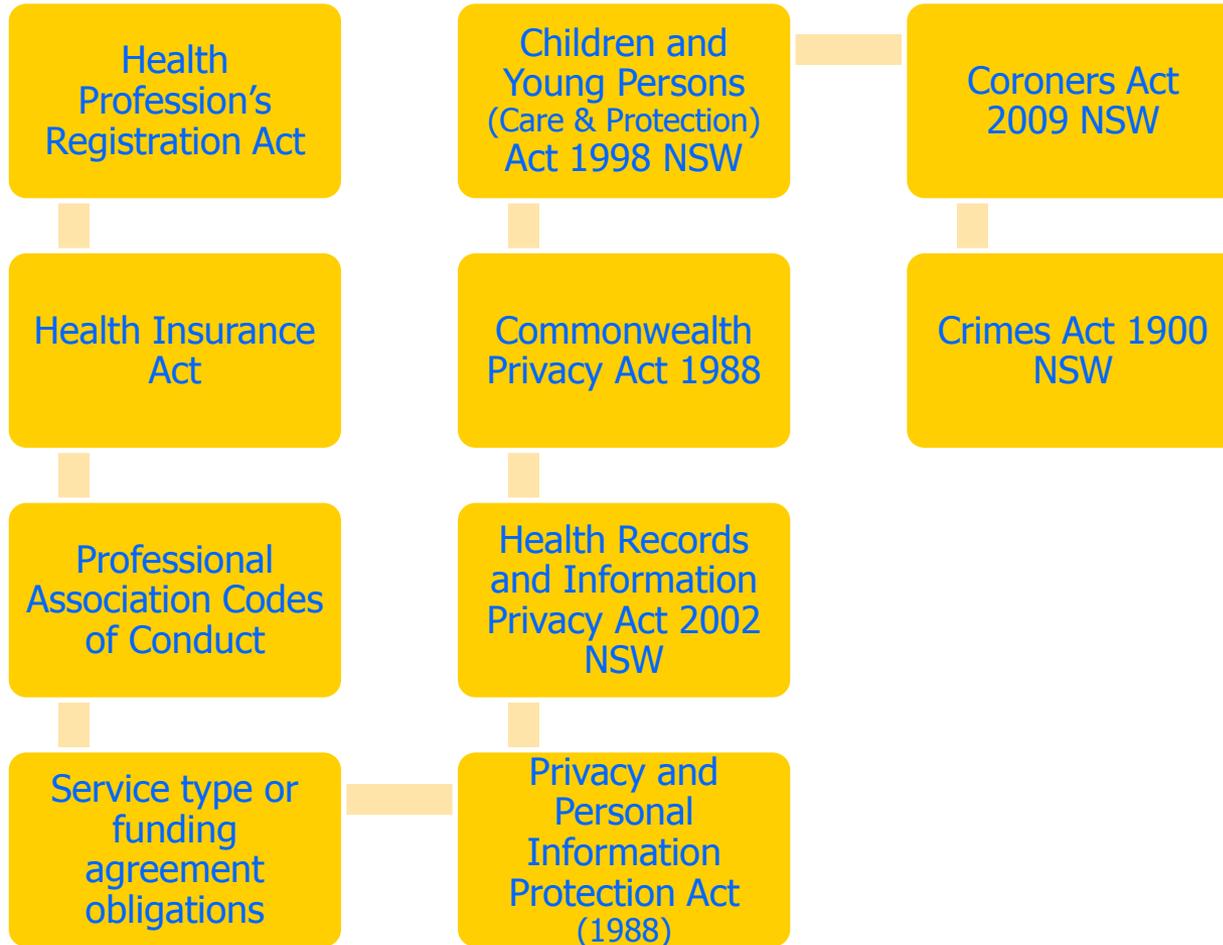


Evaluation of case note guideline

- **Keys to success** – staff ‘champion’, time, support
- **Feedback on the guideline**
 - ‘Self explanatory’, ‘easy to read’, ‘helpful to have structure’
 - Shorter version for workers would be useful
- **Some feedback on the case note models (SOAP/DAP)**
 - Models ‘help workers to write better case notes’
 - ‘Easier to separate information...a lot easier to condense information’
 - Applying SOAP: ‘I found it liberating... it made writing case notes easier...save time, save words, and it’s just more organised. Easier to review as well’.



Legal framework for case notes in NSW





Legal framework for case notes

- Laws governing personal health information management:
 - Collection: Privacy Act (National Privacy Principles – NPPs) & Health Records and Information Privacy Act (Health Privacy Principles – HPPs)
 - Use and Disclosure: Privacy Act, Health Records and Information Privacy Act , Mental Health Act, Health Services Act
 - Access & Correction: Privacy Act, Health Records and Information Privacy Act , Freedom of Information Act
 - Quality, Security & Retention: Privacy Act, Health Records and Information Privacy Act



Legal FAQs

- **‘What is the purpose of case notes?’**
 - Part of the overall obligation to provide good health services & client support – case notes are tangible evidence of this
 - Consent forms should be as specific as possible in relation to the health information being collected, who it might be disclosed to and why

- **‘Is there a legal requirement to write case notes?’**
 - Duty of care; required by common law & professional codes of conduct; corollary of statutory reporting for medical practitioners

- **‘What is the role of personal opinion?’**
 - Ok but needs to be acknowledged & supported with objective information



Legal FAQs

- 'What is the appropriate level of detail in recording physical, mental, sexual abuse, blood borne virus' etc?'
 - Is the information relevant to the service being provided?
 - If in doubt, seek client's consent to record the information if you believe it is relevant or the client requests you record it
- 'Obligations in relation to child protection?'
 - Mandatory reporters e.g. medical practitioners, nurses, youth/welfare worker in public service, psychologists
- 'Obligations in relation to domestic violence?'
 - No statutory obligation to disclose unless significant risk to others (also consider Crimes Act)



Seek legal advice when necessary

- The legal section and FAQ responses in the guideline provide general guidance only as to the types of considerations that service providers should take into account when preparing and managing clients' case notes
- Advised that services or AOD workers seek legal advice as to the obligations they may have in any specific situation e.g. there may be privacy and other obligations under specific funding arrangements or service type.
- AOD services should ensure they have internal policies about the management of personal health & other personal information – employees to familiarise themselves with these



Case note essentials

- Why do we write case notes?
 - Many good reasons... to work more effectively with clients, enhance planning and review, accountability, as an *aide memoire*, as a supervision tool, to provide direction...
- What to record in case notes?
 - Only what is relevant to the service being provided
 - Impartial facts, statements not bias, observations and opinion if supported by measures or session information
 - Goals, clinical observations, assessment, evaluation of goal attainment & interventions used, plan for next session, other relevant info e.g. test results
- **Do not record:** emotional reactions/opinions; value judgements; unfounded speculations/opinions; false information



Case note essentials

- **How to record case notes**
 - Typed or completely legible if handwritten
 - Can use different models/templates for structure
 - Ground what you write in what your client tells you
 - Use specific, definite, accurate, unambiguous language
 - Be succinct and avoid professional jargon, slang or abbreviations
 - Organise your notes so it's easy to find information
 - Write for the reader – yourself in the future, colleagues or a magistrate!

- **When to record case notes**
 - ASAP or at least within 1 week of client contact
 - Ideally time allocated for case note recording...



Case note essentials

- Can I change a case note?
 - No - case notes can never be altered
 - Errors should be crossed out with a line, *not* marked out or deleted
 - New notations should be dated and signed
 - New notations can be next to the crossed out information or in a new case note/addendum
- How to store a case note?
 - Safely (i.e. not on your desk when you go home)
 - Securely (think about password for electronic and locks for paper files)



Case note essentials

- **When is a case note NOT confidential?**
 - Always confidential, governed by privacy laws
 - Notes can be shared e.g. among clinicians where informed consent has been given by the client
 - When access is formally requested e.g. subpoena
 - Always document disclosure: who to, why, when, what health information is disclosed?
- **Can my client access case notes?**
 - Access via service (if policy in place)
 - Access can be granted (or denied) under FOI
 - Access also possible under other Acts (depending on your service type and state legislation)



Keys to good writing





Practical writing examples...

Example 1: 'Omit needless words'

1. During the session, the client said that she had never attended to see an AOD service or attended for AOD counselling before.
2. The client indicated no previous AOD treatment.



Practical writing examples...

Example 2: 'Choose your words carefully'

1. Client denied any use of drugs or alcohol.
2. Client said she does not use any drugs or alcohol.
3. Client does not use drugs or alcohol.



Case note models – overview

- Variety of models discussed in the literature
- 1960s: The 'POM' Problem Oriented Method (Medical)
 - Logical, systematic, structured approach allowing improved communication between clinicians
- Examples of POM formats chosen for suitability to AOD:
 - SOAP: Subjective, Objective, Assessment, Plan
 - DAP: Data, Assessment, Plan
- Evidence based generic case note template provided



Case note models - SOAP & DAP

■ SOAP

- Subjective – what the client tells you
- Objective – what you clinically observe
- Assessment – analysis of problem, explanations, hypotheses, diagnoses
- Plan – interventions used/planned to achieve goals, treatment progress, goals for next session

■ DAP

- Data – info from session e.g. current issues or problems, signs & symptoms, behavioural concerns, current interventions etc
- Assessment - assessment of client progress/setbacks, goal attainment etc
- Plan - review of treatment plan, objectives by session or over cumulative sessions



Review and feedback on models

- **What is good about SOAP?**
 - AOD friendly, especially for one-on-one contacts
 - Lots of literature on SOAP – medical ‘gold standard’
 - Well utilised by medical practitioners, systematic
- **What is good about DAP?**
 - Possibly useful for outreach/family services
 - Provides structure/template
 - Saves time...?
- **What is not good about using models?**
 - Some clinicians prefer free form approach
 - Not useful for short client contacts
 - Danger of being a checklist
 - Takes time to learn how to use them
 - Confusion with terms (e.g. subjective/objective information)



Summary

■ **Take home message...**

- You can teach yourself to write case notes
- If you write better case notes you are giving yourself better legal protection
- If you write better case notes you are adding clinical value



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How to order your own copies

To order copies of the case note guideline go to the Turning Point website: www.turningpoint.org.au/ and select Turning Point catalogue

