ERE Evaluation and Data Entry System

EMERGENCY ROOM ENHANCEMENT

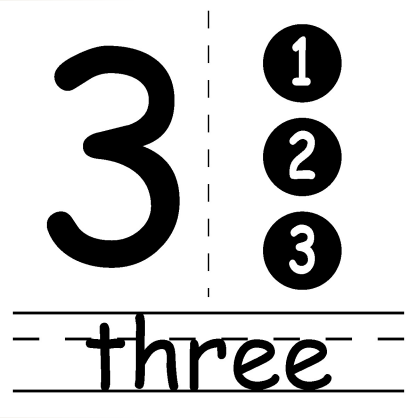
Improving Access to Behavioral Health Care

Goals for Today

- ERE background
- ERE evaluation
- Interviewing skills refresher
- Data entry system

Why ERE?

- 43.7 million adults aged 18 or older have a Mental Health diagnosis
- The top 3 Reasons for not seeking help:



1. Cost
2. Handle problems on their own
3. Don't know where to get help

Source: **Results from the 2012 National Survey on Drug Use and Health,** Substance Abuse and Mental Heath Services Administration, December, 2013

Why ERE?

- 12.6 million visits to ER involved participants with MH/SA disorder
- 1% of Americans account for 20% of health care

Source: 2011 Nationwide Emergency Department Sample (NEDS), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality (2013).

Evaluation Objectives

ERE Evaluation Goal

- Assess the degree to which the project improves outcomes

Stuart Miles
Freedigitalphotos.net

ERE Evaluation

❖Why are we evaluating?

- To determine baseline status
- To monitor any change in patient status
- To prepare report for MO Legislature

Outcome Evaluation

❖What are we evaluating?

- ER utilization/hospitalizations (medical records)
- Enrollments in treatment programs (CIMOR data)
- Diagnostic information
- Housing
- Employment
- Involvement with law enforcement

Outcome Evaluation

- When are we evaluating?
  - Baseline (Form B)
    - Collect asap after intake
    - Enter into database within 30 days
    - Collected by program/CMHC staff
  - Follow-up (Form C)
    - Collected 3 months after intake date
      - Can start collecting 2 weeks prior to 3 month point
      - Finish collecting by 4 weeks after 3 month point
    - Offering a $10 gift card for participation
    - Collected by CMHC staff

Process Evaluation

- Form A:
  - Number of enrollees
  - Demographics of program participants
  - Presenting Concerns
- Participant satisfaction with services
- Successes and challenges of implementation
- Collaboration between CMHCs and hospitals

Collaboration Survey

- Community Collaborative Survey
  - Survey based on work of Thomson, Perry, & Miller.

(Thomson, A.M., Perry, J.L., & Miller, T.K. (December, 2007). Conceptualizing and measuring collaboration. *Journal of Public Administration Research and Theory*.

Collaboration Survey

- Trauma informed practice item
  - Assesses agency practices and policies

Importance of ERE Data Collection

- Is a significant component of ERE Program
- Ensures we achieve valid and reliable data

Validity and Reliability

The two most important indicators for determining how well a project is working:

Reliable: Consistency in producing the same results every time we ask the questions.

Valid: the questions measures what it is supposed to measure.

For instance:

You weigh on your home scale 3 times:

1st time=155,
2nd time=148,
3rd time=151.

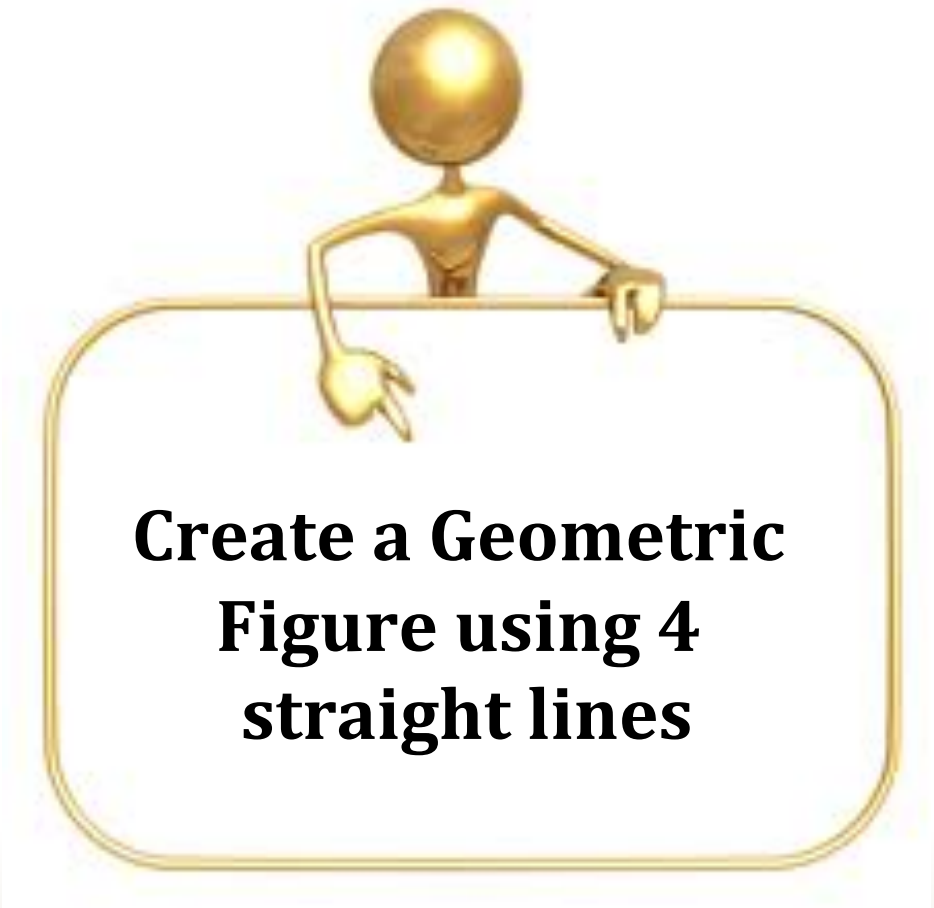
Your scale is not **reliable**.

It is also not **valid**, as you actually weigh 152 pounds!

Collecting Valid and Reliable Data

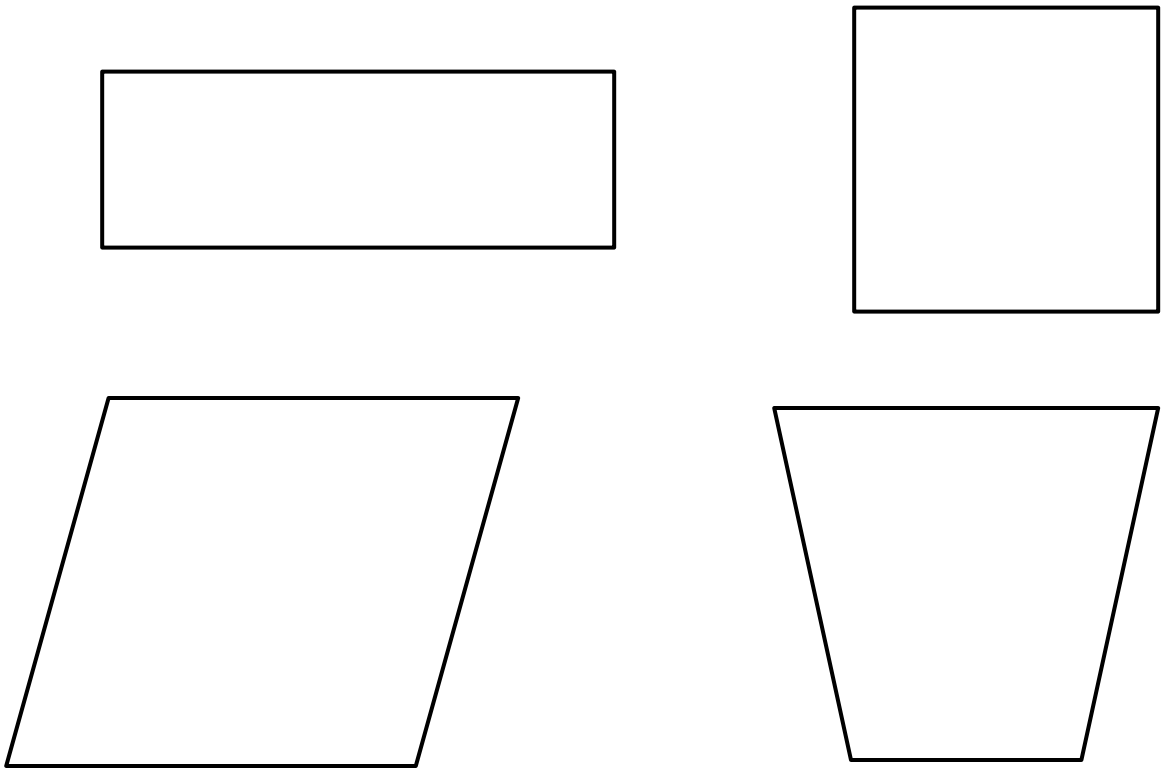
- Ask the standardized questions
- Ask and record in a standardized manner

Assignment

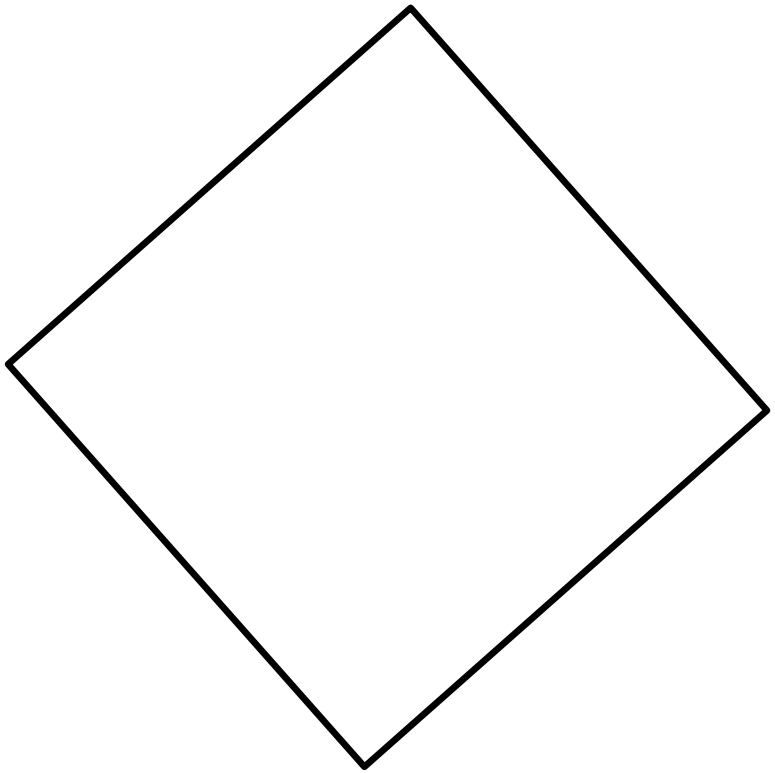


Create a Geometric Figure using 4 straight lines

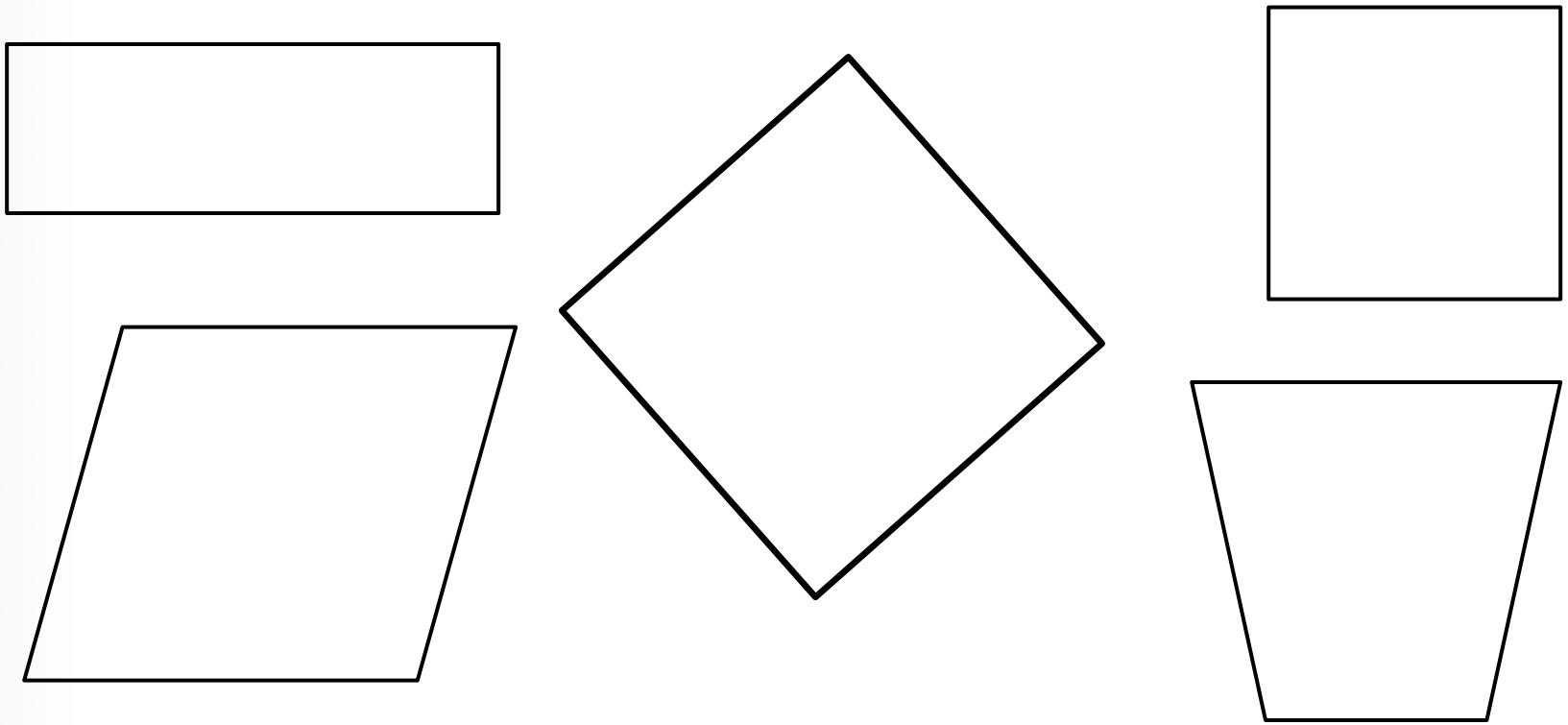
Create Figure Using 4 Lines



Create Figure Using 4 Lines



Figures Using 4 Lines



Why do we need an interviewer skills refresher?

- Can be summed in one word:

STANDARDIZATION

Three Goals of Standardization

- Same question experience
- Recorded the same
- Differences are real

Before Meeting with the Participants

- Prepare yourself
- Understand purpose of the questions
- Practice, Practice, Practice!

First Contact

- Introduce yourself
- Assume participant is willing to answer questions

First Contact

❖ Approach the questions as part of the routine

❖ Respect the participant's right to say "No"

Interviewer Bias

- Ask the questions with total objectivity.
- Avoid giving clues to your own expectations, values or experiences.

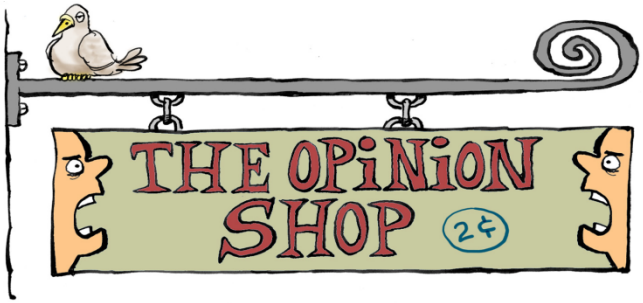
Avoid Creating Interviewer Bias

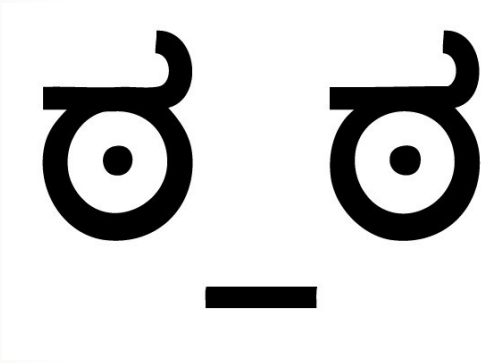
- Do not discuss your own experiences

- Do not read questions using your own words

Avoid Creating Interviewer Bias

- Do not offer your own opinion during the interview





- Do not display approval or disapproval through your tone of voice, facial expression, or side comments

Body Language & Non-verbal Cues

Non-verbal cues can be conveyed through:

- Facial expressions
- Posture
- Hand and foot movements

When asking the questions:

- Read questions as they are worded
- Read question in the order in which they are presented with no additions, deletions or substitutions
- Ask every question
- Record answers accurately

Being Culturally Competent

- Be respectful of any cultural/ethnic differences
  - Race/Ethnicity
  - Gender/Sexual Preference
  - Age
  - Literacy level
  - Physical/mental abilities
  - Social class
  - Rural/urban

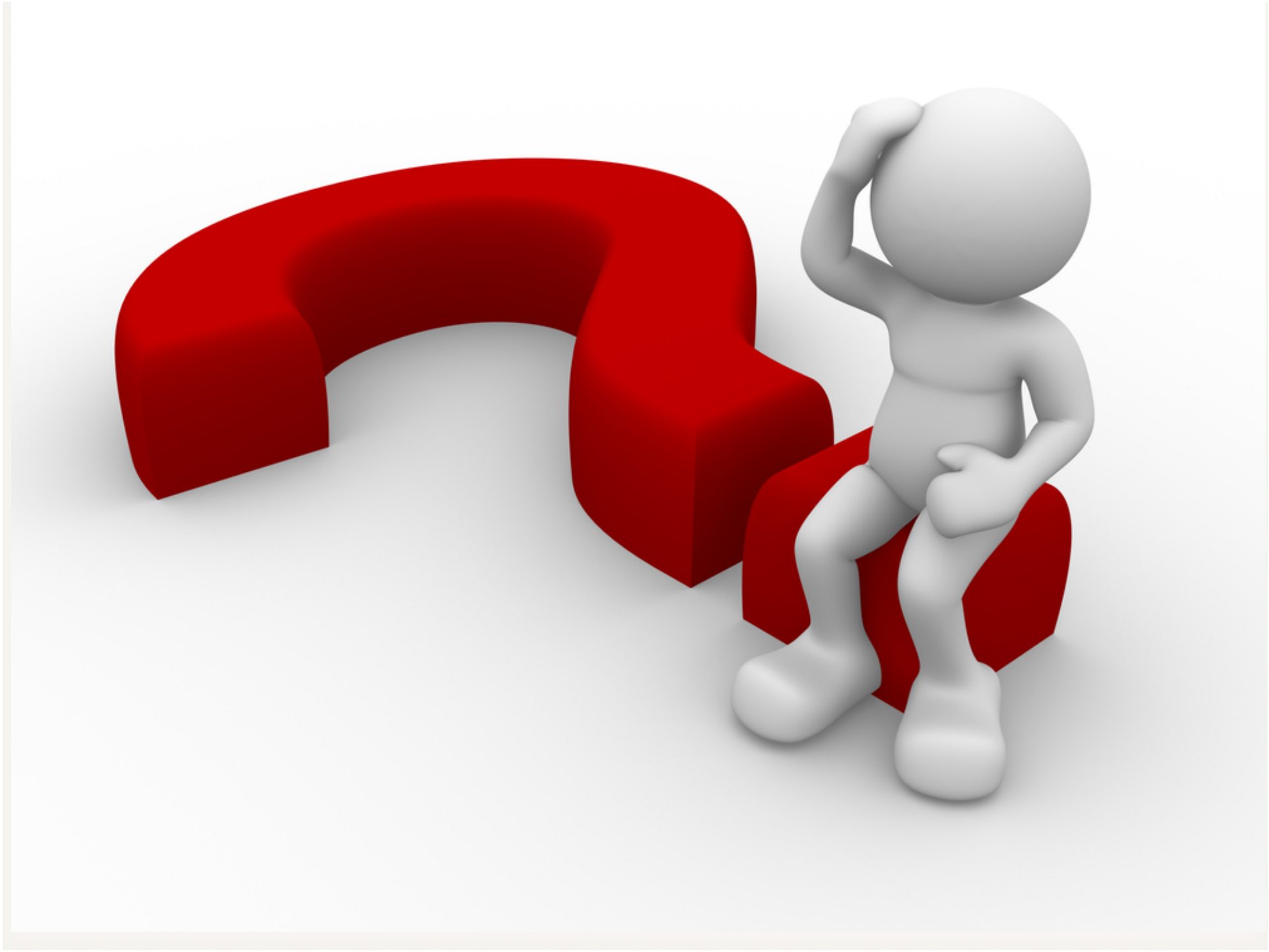
Keeping Participant On Track

- *"Let me make note of that—we can talk about it after we get through these questions."*
- *"Could I read it again for you?"*
- *"I see, but have you(repeat the question)"*

Key Phrases for the Participant Who Asks Why?

- *"We would like to know if our new program is helping people."*
- *"We ask the questions of everyone and we don't single anyone out."*
- *"We have a set of standard question that we ask everyone to make sure we provide the best care possible."*

ROLE PLAY



Data Entry System

- Web based
- Secure, HIT Certification is Process
- Site specific access

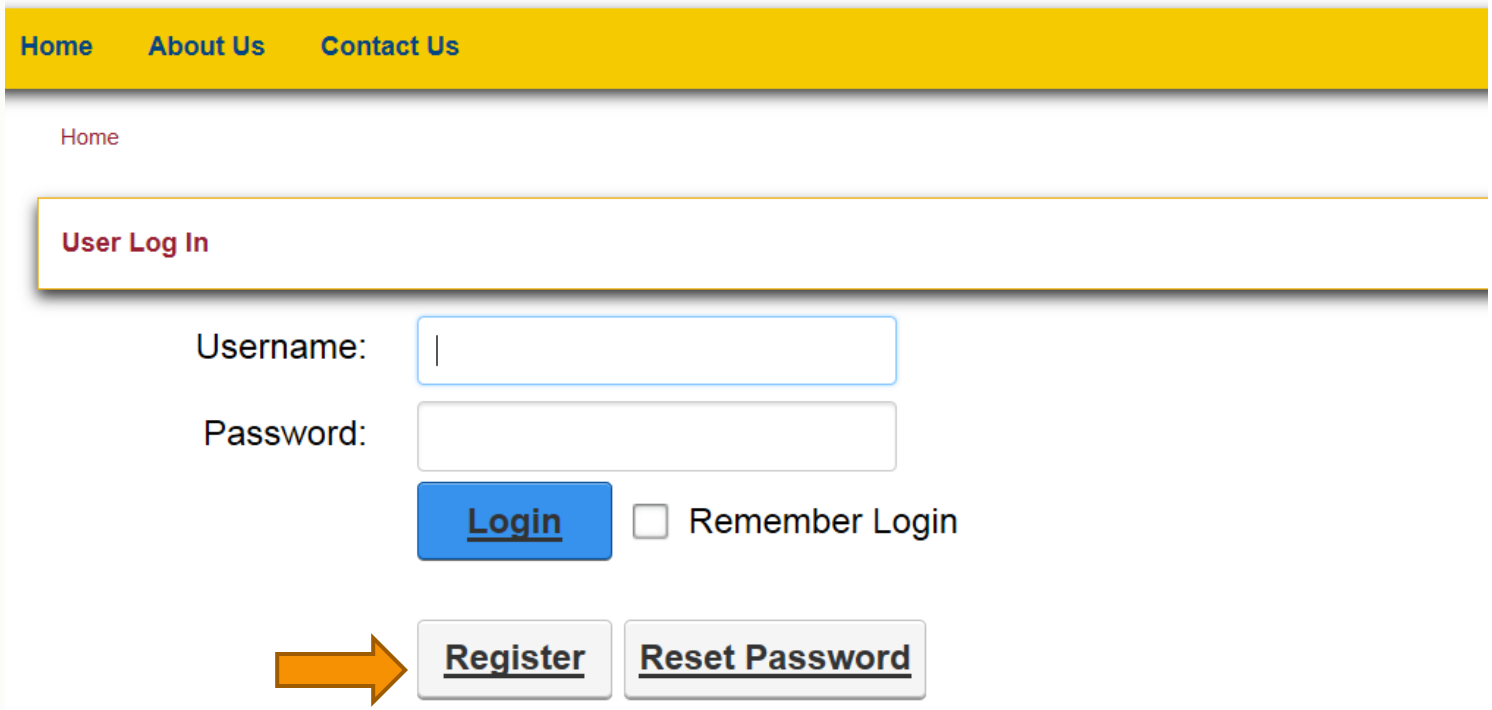
Register

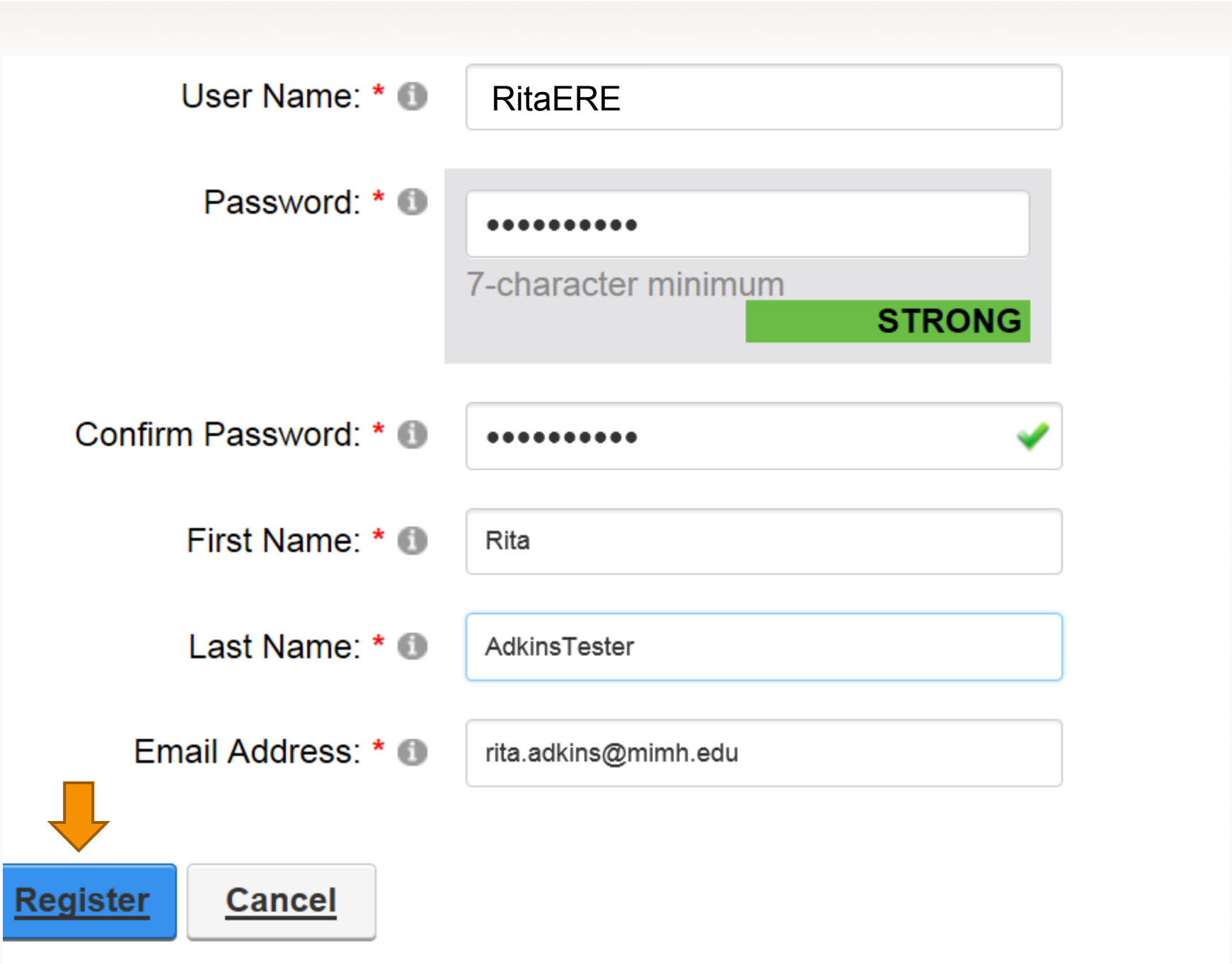
- You must register at the ER Enhancement site (https://www.erenhancement.org/) before you can enter or access data. Click on "Register":

The Program Manager from each site must notify us of all staff that have authorization to access their site.

Create User Profile

- To register, create a Username and Password, and click on the Register Tab:




User Name: *
RitaERE
Password: *
7-character minimum
STRONG
Confirm Password: *
First Name: *
Rita
Last Name: *
AdkinsTester
Email Address: *
rita.adkins@mimh.edu
Register
Cancel

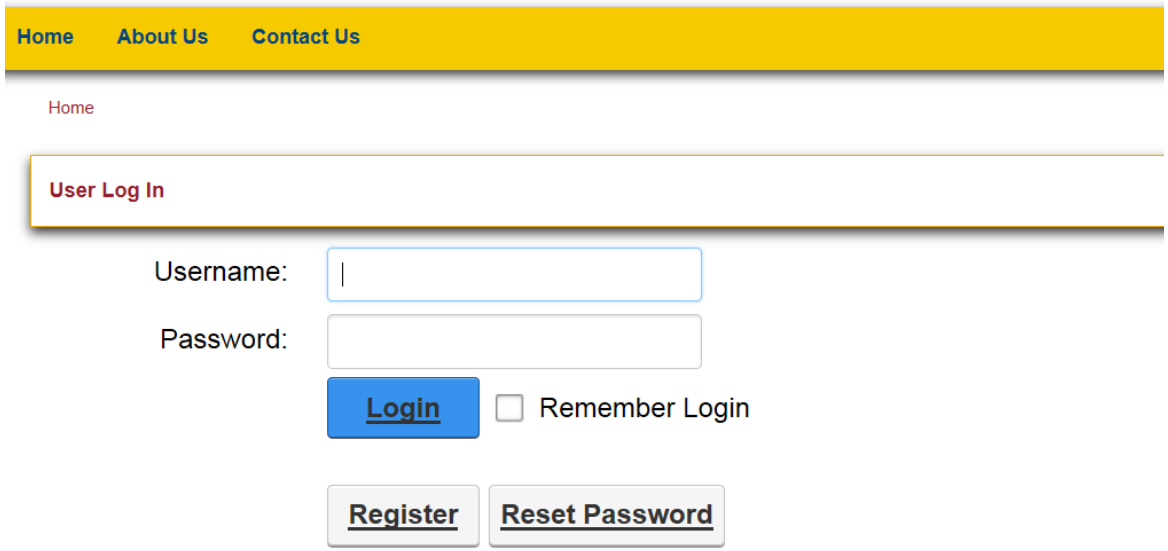
Create User Profile

An e-mail with your details has been sent to the website administrator for verification. Once your registration has been approved an e-mail will be sent to your e-mail address: rita.adkins@mimh.edu. In the meantime you can continue to browse this site by closing the popup.

***Note:** Membership to this website is Private. Once your account information has been submitted, the Website Administrator will be notified and your application will be subjected to a screening procedure. If your application is authorized, you will receive notification of your access to the website environment. All fields marked with a red asterisk are required. - *(**Note:** - Registration may take several seconds. Once you click the Register button please wait until the system responds.)*

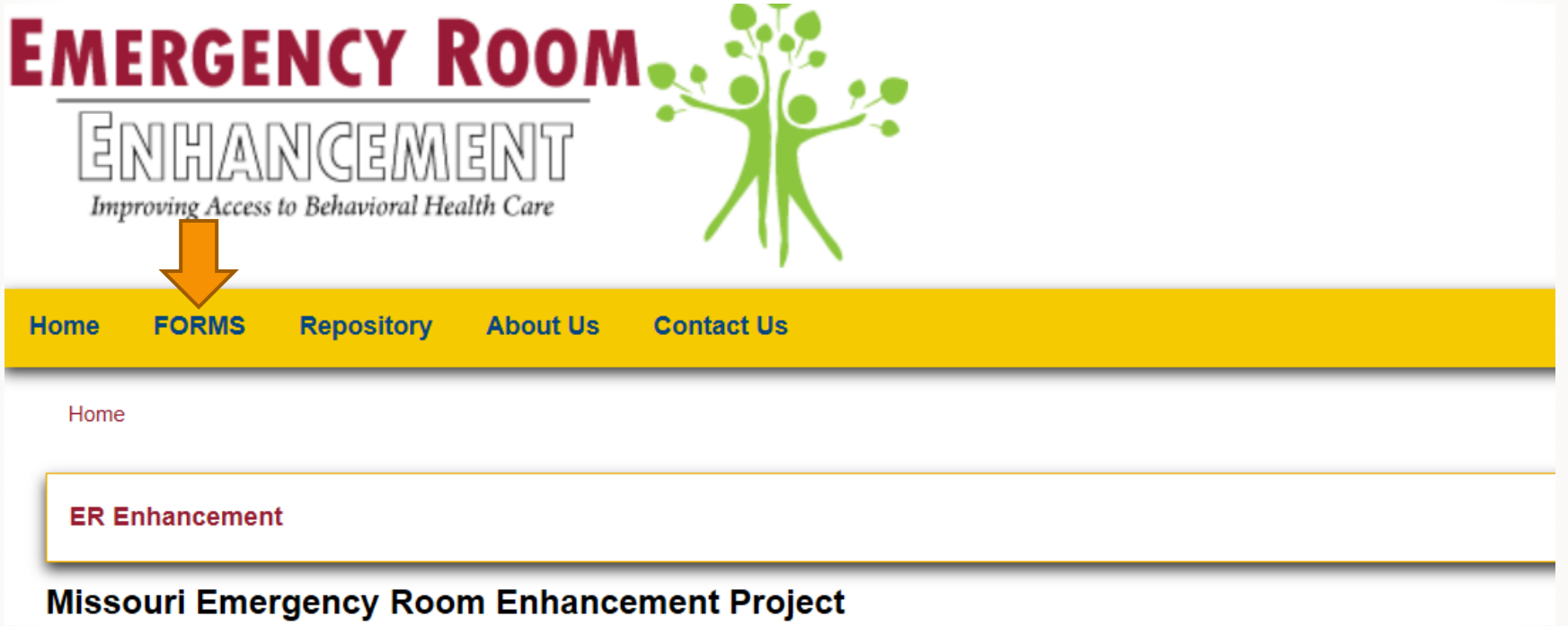
Logging on the Site

- After you have received final permissions, log on to the system at https://erenhancement.org
- Enter your user name and password.
- The program will open to the Home Page



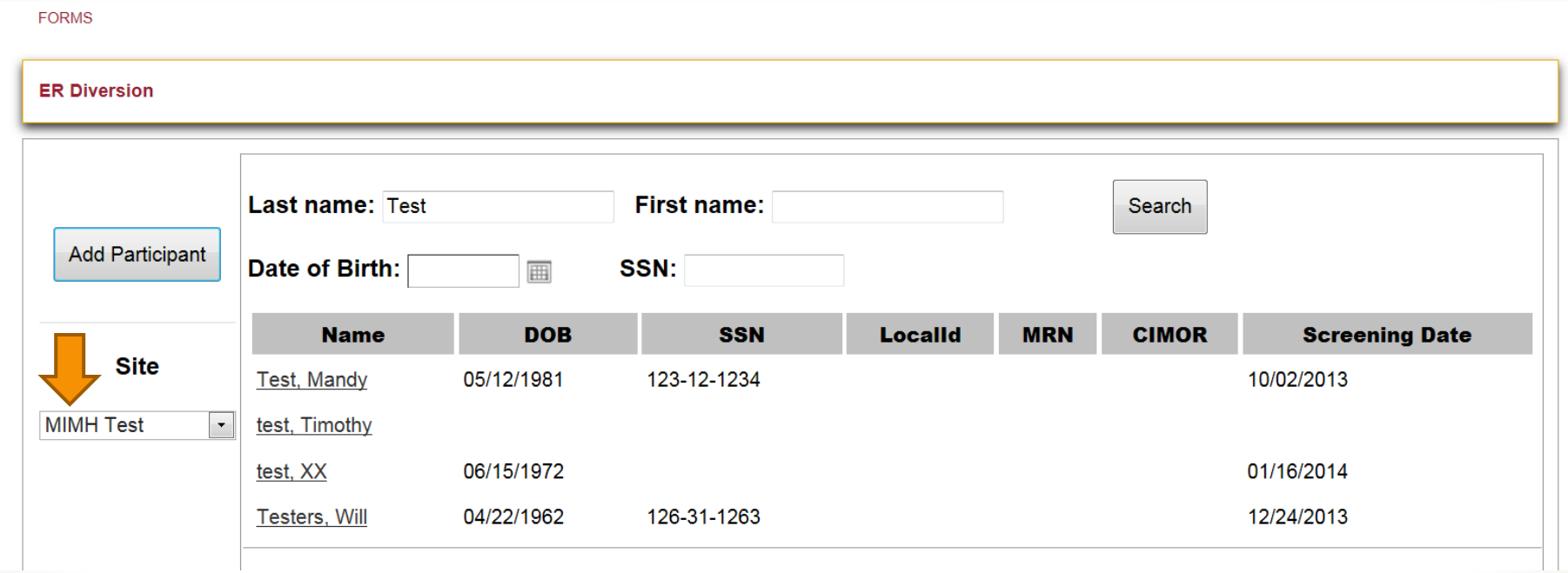
Logging on the Site

- The program will open to the Home Page
- Click on the “FORMS” tab

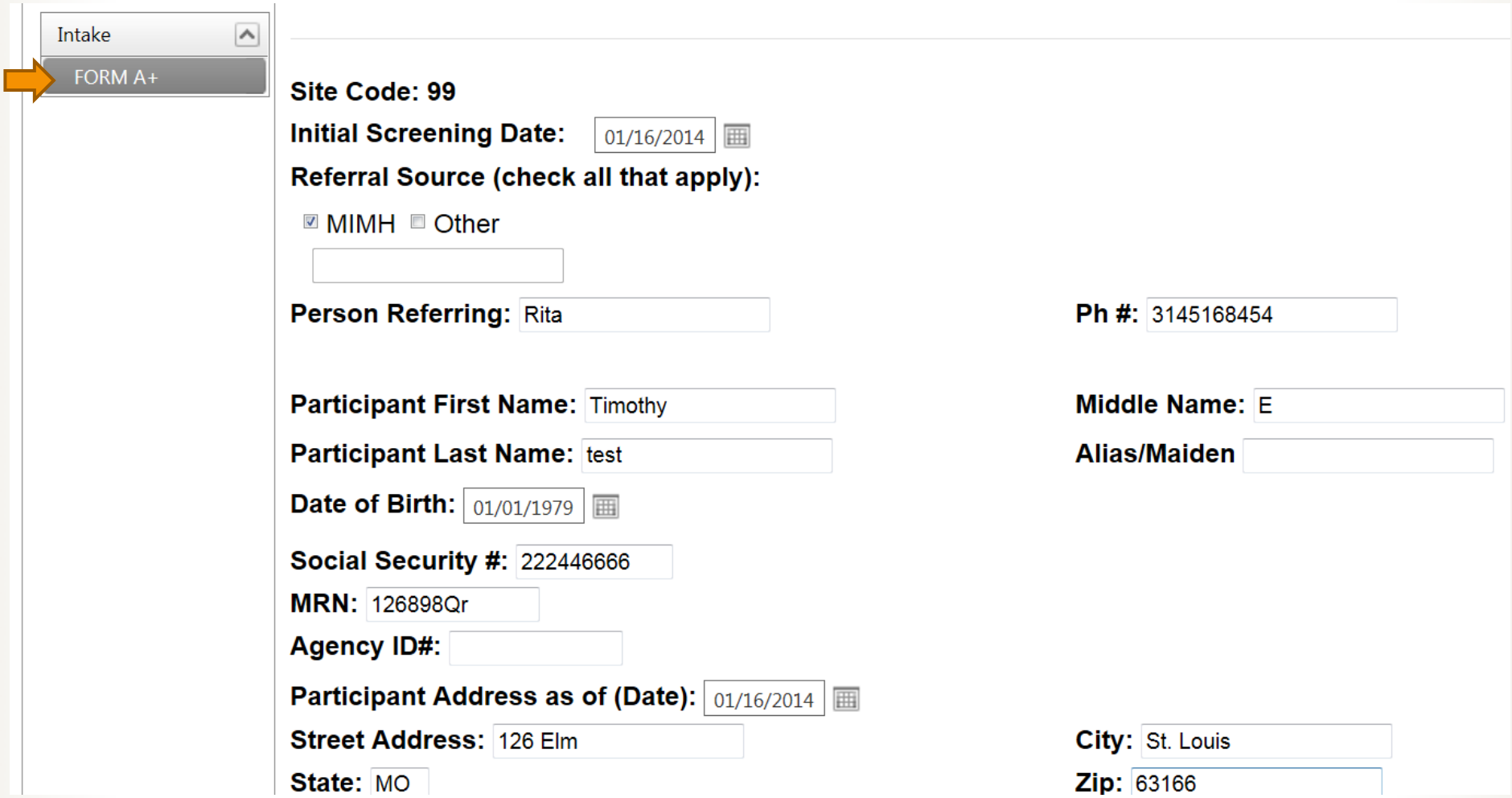


Adding Participants

- Before entering participant information, you must first search for an existing entry. If no name exists, you must add a new participant.



Form A


Intake
FORM A+
Site Code: 99
Initial Screening Date: 01/16/2014
Referral Source (check all that apply):
MIMH
Other
Person Referring: Rita
Ph #: 3145168454
Participant First Name: Timothy
Middle Name: E
Participant Last Name: test
Alias/Maiden
Date of Birth: 01/01/1979
Social Security #: 222446666
MRN: 126898Qr
Agency ID#:
Participant Address as of (Date): 01/16/2014
Street Address: 126 Elm
City: St. Louis
State: MO
Zip: 63166

Form A

Email Address: tim_test@gmail.com

Phone: (Home) 3146654545 (Cell)

Contact 1 Name: Joan Test

Contact 1 Relationship: Mother

Contact 1 Phone: 3147875544

Contact 2 Name: Dorothy Jones

Contact 2 Relationship: Girlfriend

Contact 2 Phone: 3145551212

Homeless?

○ Yes ◉ No

---

1. Gender:

◉ Male

○ Female

○ Transgender

○ Other (specify):

Form A

7. Presenting Concern (check all that apply):

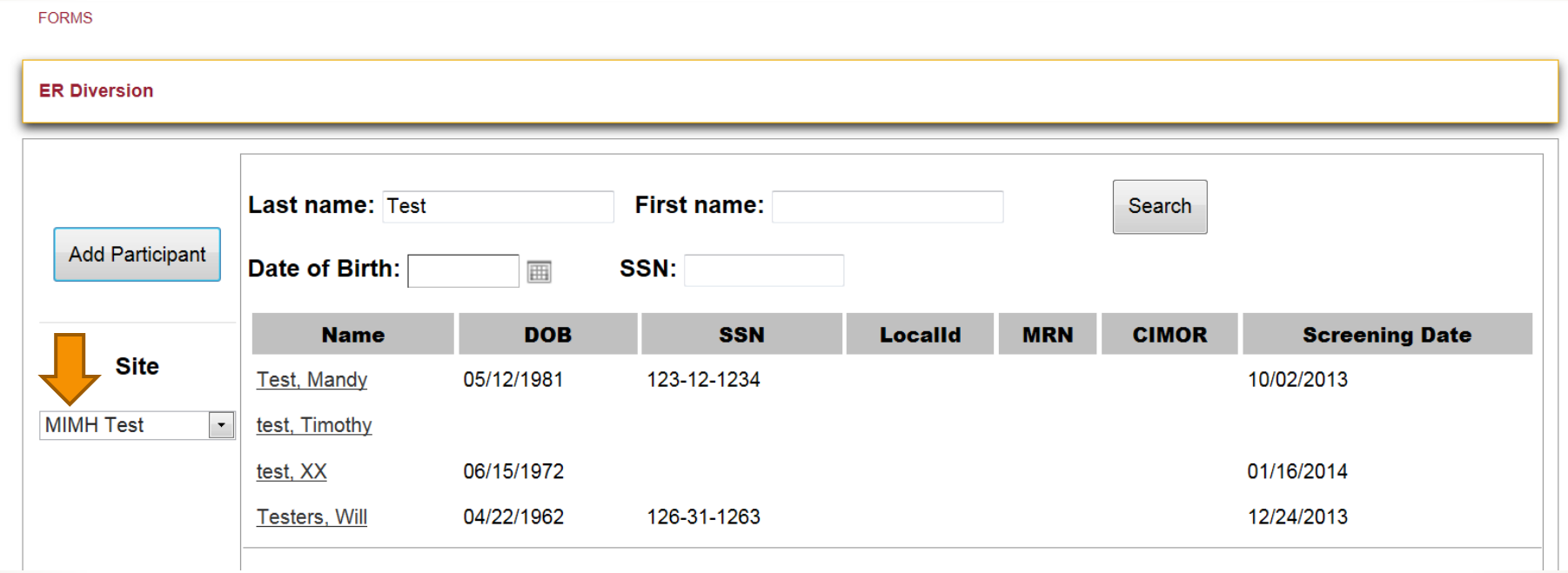
- [x] Substance Use/Abuse
- [x] Violent Behavior
- [ ] Psychiatric Disorder
- [ ] COPD
- [ ] Cardiovascular Disease
- [ ] Pain
- [ ] Suicide
- [ ] Physical Health Concern (specify):
- [ ] Other (specify):
- [ ] Unspecified

Cancel | Save & Next

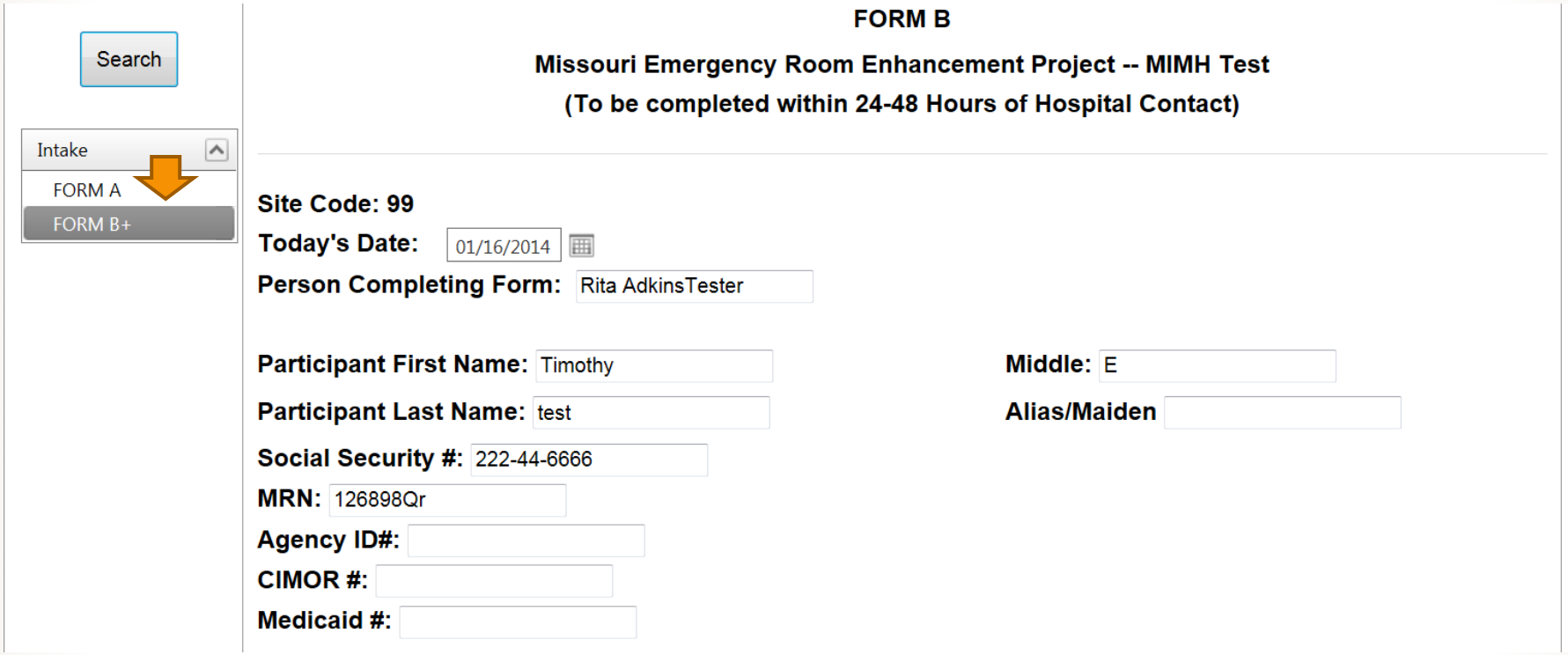
Social Security #: 222446666 SSN must be in a valid XXX-XX-XXXX format.

Adding Participants

- Before entering participant information, you must first search for an existing entry. If no name exists, add the information for the new participant.



Form B


Search
Intake
FORM A
FORM B+
FORM B
Missouri Emergency Room Enhancement Project -- MIMH Test
(To be completed within 24-48 Hours of Hospital Contact)
Site Code: 99
Today's Date: 01/16/2014
Person Completing Form: Rita AdkinsTester
Participant First Name: Timothy
Middle: E
Participant Last Name: test
Alias/Maiden
Social Security #: 222-44-6666
MRN: 126898Qr
Agency ID#:
CIMOR #:
Medicaid #:

Form B

Agency ID#: 5645

CIMOR #: 123654

Medicaid #: 12365498

Appt. Kept?

(•) Yes ( ) No

Appt. Date: 01/16/2014

Number of Emergency Room Visits in the Past 90 Days: 3

How many were for Physical Health? 1

Number of Hospitalizations in the Past 90 Days: 0

How many were for Physical Health?

Currently enrolled in treatment program?

(•) Yes ( ) No

If yes, name of program Joe's Rehab

Form B

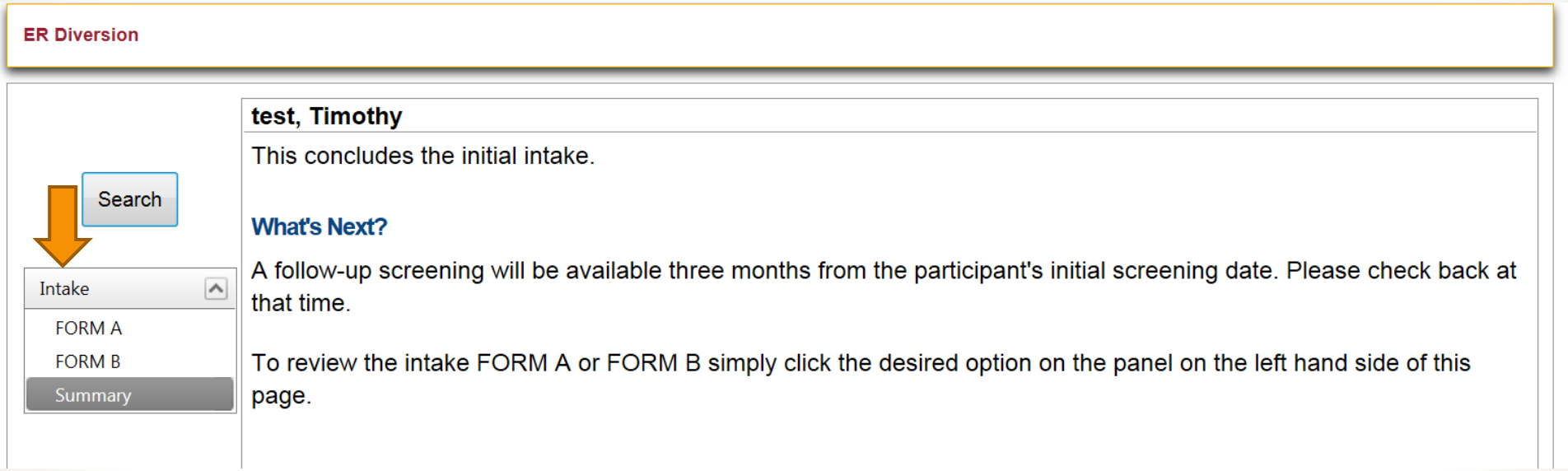
- Other Disability
- Hospital Patient or Resident at Any Institution that Keeps a Person from the Labor Force
- Volunteer
- Sheltered/Non-Competitive Employment
- Not in Labor Force, but Other than Above
- Unknown

5. How would you rate your overall Health right now?

- Excellent
- Very good
- (•) Good
- Fair
- Poor
- Refused
- Don't Know

Cancel | Save | Save & Next

Summary


ER Diversion
Search
Intake
FORM A
FORM B
Summary
test, Timothy
This concludes the initial intake.
What's Next?
A follow-up screening will be available three months from the participant's initial screening date. Please check back at that time.
To review the intake FORM A or FORM B simply click the desired option on the panel on the left hand side of this page.

Questions? Please call the following for:

ER Enhancement information: Rita Adkins at (314) 516-8454, rita.adkins@mimh.edu**.**

ER Enhancement data entry system: Keith Eldridge at (314) 516-8437, keith.eldridge @mimh.edu, or Jayne Callier at (314) 516-8447, Jayne.Callier@mimh.edu.

Collaborative survey information: Mary Dugan at (314) 516-8451, mary.dugan@mimh.edu and Julie Matthews at (314) 516-8443, julie.matthews@mimh.edu.

Evaluation and screening questions: Michelle Hendricks at (314) 516-8424, michelle.hendricks@mimh.edu.

Incentives: Mandy Nelson at (314) 516-8498, mandy.nelson@mimh.edu.

University of Missouri St. Louis