Development and Implementation of a CANS Integrated Assessment Process in an Outpatient Clinic Program

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Agenda

I. Background on the Astor Services for Children & Families and use of CANS

II. Quality Improvement: revision of clinical processes and documentation workflow

III. Review of case examples with integration of CANS

IV. Monitoring of implementation success, further revisions to processes, and lessons learned

V. Q/A

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Astor Services for Children & Families

- Delivers nationally-acclaimed services for over 50 years and is accredited by The Joint Commission.
- Offers a broad array of residential, educational, and community based programs at more than 50 sites in the Hudson Valley Region and New York City area of New York State.
- Serves over 11,000 children, adolescents, and their families each year.
- 10 outpatient with over 30 satellites in schools and medical offices, upstate and the Bronx

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Quality Improvement: CANS in Clinic Workflow

Previous Workflow

- Clinicians burdened by lengthy assessment and documentation with CANS only as an afterthought.
- CANS not completed collaboratively, not often used in planning care.
- Clinicians forget to do CANS, do not see it as meaningful to their work.

CANS Integrated Workflow

- Eliminate redundancy in information gathering and documentation
- Engage families with using the CANS and tie assessment results into treatment planning
- Improve clinician buy-in with training, monitoring, and incentivizing CANS use

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Collaborative Process Revision

- Committee creation
- Align clinic processes and unify forms
- Examined existing workflow
- Multiple revision and feedback cycles
- Testing of new documents and training

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CANS Intake Assessment Part A

Reason for Referral & Chief Complaint (per client and per parent)
(Presenting problems or priority &/or concern &/or emergency issues

(this box will appear for everyone)

Symptoms

(this box will appear for everyone)

Length of time symptoms present

(this box will appear for everyone)

Frequency that symptoms occur

(this box will appear for everyone)

Situations in which the problem is most/least likely to occur

(home, school, environment)

(this box will appear for everyone)

Attempts to cope with the problem

(this box will appear for everyone)

Behavioral Health Domain

(if score of 1, 2 or 3, then a box at bottom of item will appear to describe)

Behavioral Health (life domain)	0	1	2	3
Psychosis	0	1	2	3
Impulse/Hyper	0	1	2	3
Depression	0	1	2	3
Anxiety	0	1	2	3
Oppositional	0	1	2	3
Conduct	0	1	2	3
Anger Control	0	1	2	3
Attachment	0	1	2	3

Other

Previous experience with professional helpers and implications for working together

Outpatient, Inpatient, In-home Services, Residential, etc. (mental health, substance use, case management) yes or no

Explain: Dates, reason, what did you learn?

(this box will appear for everyone)

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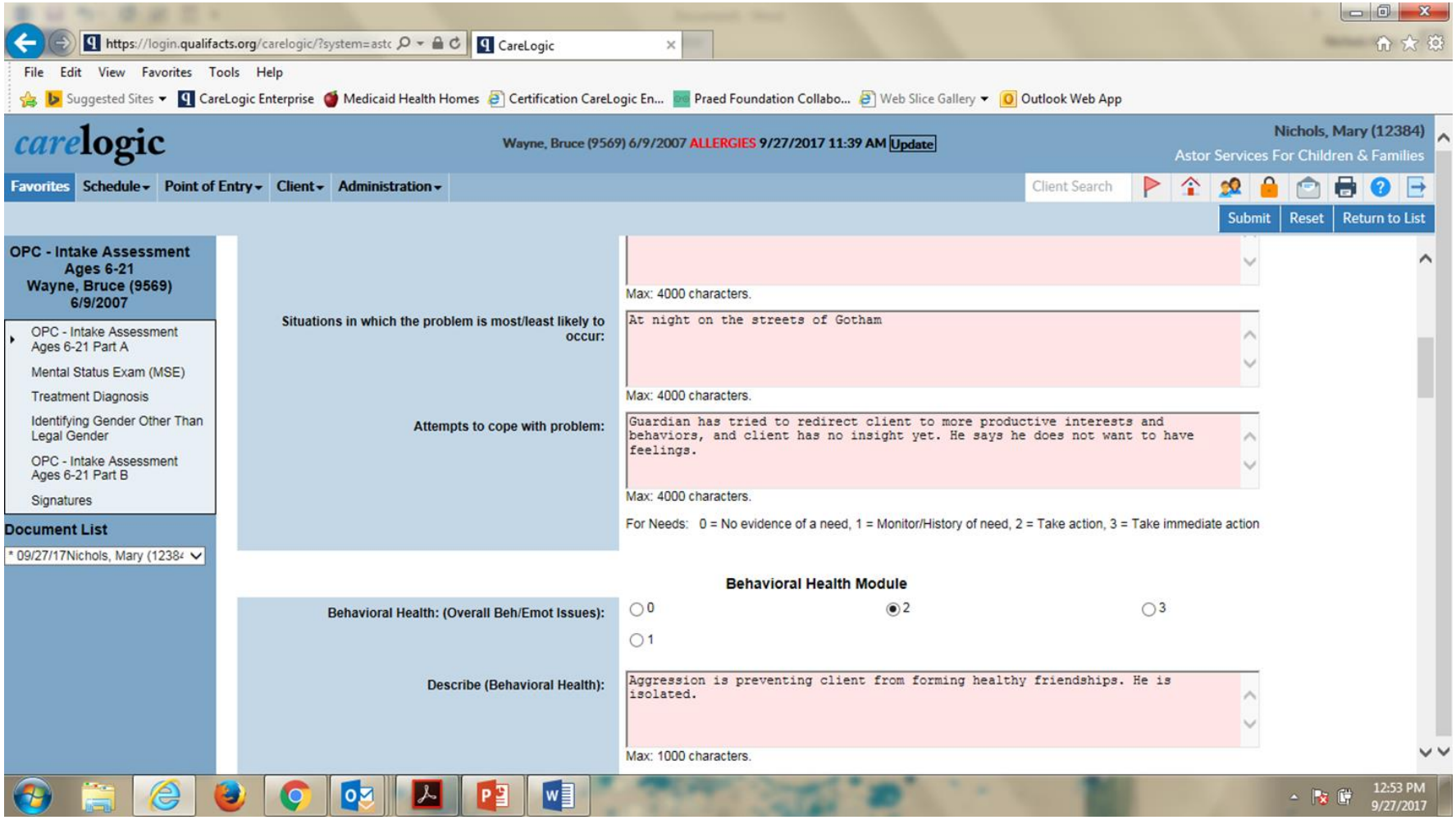

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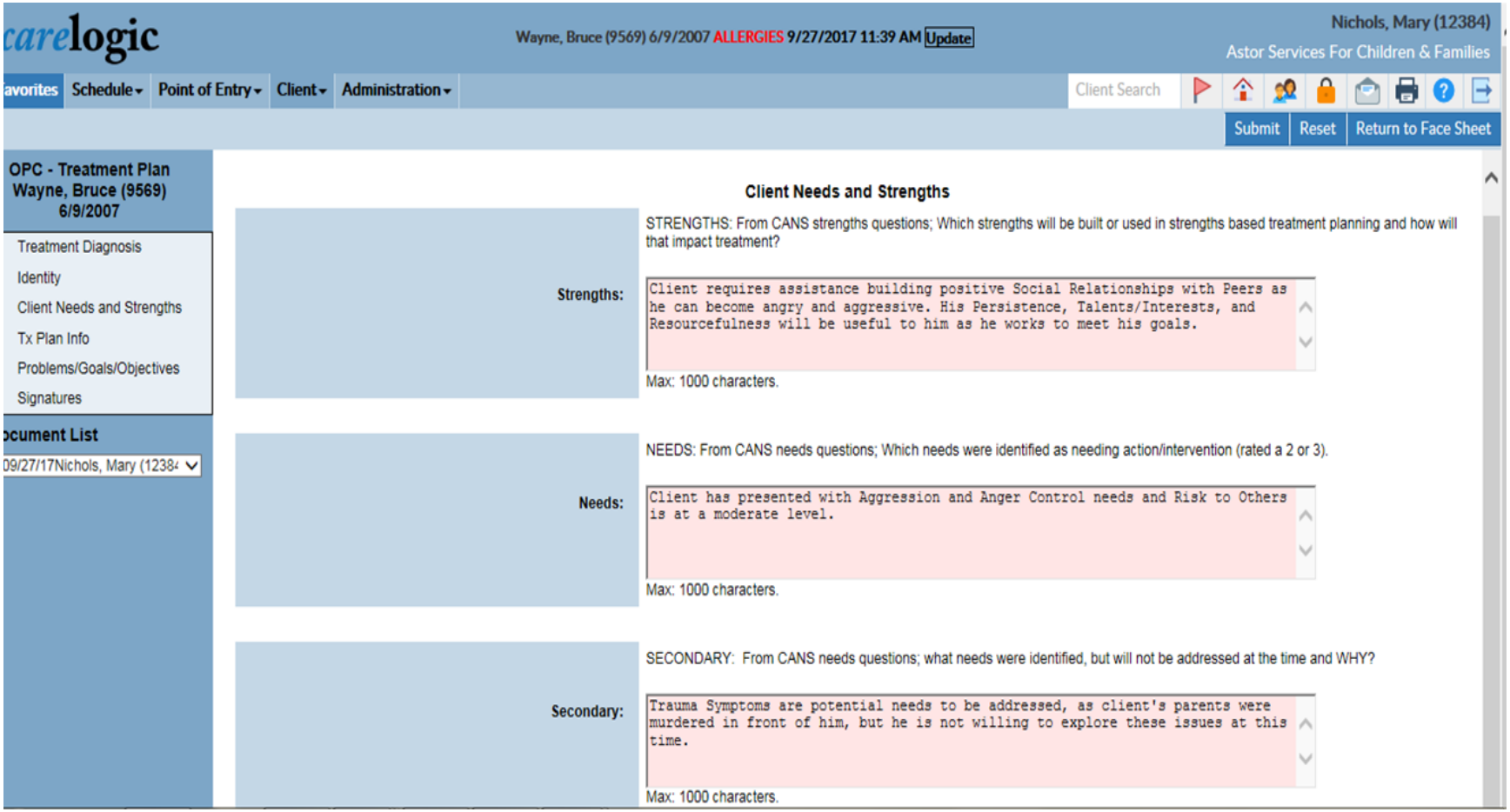
Treatment Plan CANS Integration



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Monitoring of Implementation Success

Feedback from Clinicians and Supervisors

- Discovered clinicians needed more training to integrate CANS into clinical interview process and exposed some confusion people had about scoring.
- Clinicians liked one fewer thing to remember, assessments more efficient and “streamlined”, CANS was always done within the main assessment documents = 100% compliance.
- For some, CANS became more meaningful and forced clinicians to think about impact on functioning, strengths, not just symptom reduction.

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Lessons Learned

- Have a good communication plan for notifying and training staff on changes in workflow
- Expect and plan for pushback, remain collaborative in spirit but do not lose focus on the end goal.
- Do not drastically change the way CANS data is inputted without expecting a significant delay in being able to pull the data out of the system for outcomes analysis.

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Q & A

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