PROACTIVE AUDITING PI PROJECT

CGRC's Progress Note Review Process

PROCESS GOALS

- The goals of CGRC's proactive auditing process are as follows:
    - o Proactively identify compliance risk areas for the organization and for individual programs
    - o Enhance the quality of CGRC's clinical service documentation
    - o Educate CGRC leadership regarding documentation strengths and weaknesses
    - o Track trends and patterns and use that data to bolster and improve Electronic Health Record (EHR) service entry and setup practices
    - o Replace the prior review process from CGRC's retired EHR

PREPARATION

- Based on CGRC Policy 720, 'Progress Note Policy and Procedure', as well as PA state regulations & MCO requirements, criteria was established for the on-going proactive review of progress notes

- A pilot period was implemented for QI staff to perform reviews from various programs using the review criteria

- After the pilot reviews were completed, the review tool was assessed and updated

- In addition to the updated review tool, responses to criteria were standardized

- The next phase of reviews were completed using the updated tool and process

- A finalized structure was put into place in September 2025

REVIEW CRITERIA

- Reviews examine the following:
    - Are services covered by valid treatment plan?
    - Is the service information consistent with the progress note content?
    - Is a specific location provided for services in the 'community'?
    - Is the encounter form signed by the client/parent/responsible person?
    - Is the role of the signer identified?
    - Is 'Signed on Hard Copy' is indicated, is the hard copy signature present?
    - Are the start & end times consistent with the electronic signature timestamp?
    - If the service is provided via telehealth are the appropriate narratives and informed consent present?
    - Was the progress note finalized within 48 hours of the service date?

PILOT PHASE REVIEWS

- The pilot period was a flexible period that consisted of a series of reviews completed by staff:

- **Service Dates:** January thru May 2025

- **Sample Size:** 135 progress notes

- **Programs Reviewed:** BCM (15), FBS (53), IBHS (15), MST (11), OPS (41)

- The reviews completed in this period were done over a period of months and not assigned or distributed using any particular methodology.

PHASE TWO REVIEWS

- Phase two reviews were completed in August 2025 and implemented the use of a log to track which programs and staff were being reviewed, as well as an updated tool which included the addition criteria regarding travel time and services based in the community. Responses were standardized for reporting purposes.

- **Service Dates:** June 2025

- **Sample Size:** 128 progress notes

- **Programs Reviewed:** BCM (15), FBS (47), MST (14), OPS (42), Truancy (10)

- Staff used the newly implemented tracking tool to ensure that staff and/or programs which had not been previously reviewed were reviewed

CURRENT PHASE REVIEWS

- The current phase of reviews, completed in September 2025, implements the use of assigned programs & staff for review, selected to ensure all programs and staff are reviewed, as well as converting travel time to a separate audit due to themes identified in Phase Two.

- **Service Dates:** July 2025

- **Sample Size:** 109 progress notes

- **Programs Reviewed:** CREATE (50), FBS (35), MST (14), Truancy (10)

RESULTS

- The reviews completed thru September 2025 showed an overall compliance rate of 78%

- The most common deficiencies noted were:
    - Signature not obtained within 10 minutes of session end time, per CGRC policy
    - DocuSign encounter signatures not present for services 'signed on hard copy'
    - Progress notes not finalized within 48 hours, per CGRC policy
    - Services provided in the 'community' did not have a specific location listed in the progress note

TRAVEL TIME AUDITS

- The addition of 'Travel Time over 40 minutes' criteria to the progress note reviews identified a need to perform focused audits of services including travel time.

- In September 2025, a new travel time audit process was created. The criteria were identified from the 9.2.24 FBS internal travel guidelines.

  o The first set of 78 reviews focused on services delivered in the client home with travel time 1 hour or more that were provided in July & August 2025

  o Results showed approximately 82% compliance with the guidelines and will be reviewed with the program director in October 2025

REPORTING

- An organization-wide report was developed for CGRC's Executive Team; a cumulative report was provided in October 2025.

- Program-specific reports have been developed for directors, managers & supervisors

- Effective October 2025, program-specific reports will be reviewed in monthly finance meetings
  - o The first meeting will be to review results and discuss ways to improve compliance; future reports will require a more formal corrective action plan