

The Impact of Utilizing Collaborative Documentation Practices

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Therapists, counselors, and other direct care providers often express frustration about the time spent on documenting progress notes. This task is frequently mentioned as contributing to burnout among healthcare professionals. In the years following the COVID-19 pandemic, which worsened staffing shortages in many healthcare sectors, identifying strategies to reduce stressors has become essential for retaining employees and enhancing engagement in mental health and substance use care organizations.

CenterPointe addressed this concern by training staff in Collaborative Documentation (CD), where providers and individuals jointly determine the content of progress notes, assessments, and treatment plans. This collaboration allows most documentation to be completed during sessions, reducing time spent on paperwork afterward. Providers benefit from more accurate records and less burnout. At the same time, individuals gain a larger role in their care records and clearer communication about goals and interventions discussed in sessions.

In July 2023, we held Collaborative Documentation training for therapists, counselors, and care managers. While CenterPointe doesn't track "time spent documenting," we measure the time between the end of a service and its completion in our electronic health record (EHR).

In the year after a two-month ramp-up following the training, we analyzed the average hours taken to submit services, comparing collaboratively documented cases with those not. We also gathered feedback from individuals in our services to assess changes in their perceptions of care.

In the following analyses, outliers that were two or more standard deviations from the mean were removed. Between October 2023 and September 2024, services identified as having been completed collaboratively were, on average, completed 14.5 hours more quickly than those completed independently. Specifically, for in-person, community-based services (such as Community Support and Recovery Support), the difference was 16.9 hours, while among therapy services, it was 12.7 hours (see Table 1 for more details).

Table 1. Average Hours To Complete Documentation by Service Type

Service Type	Average Hours to Complete Documentation: Not Completed Collaboratively (N)	Average Hours to Complete Documentation: Completed Collaboratively (N)	Difference between Documentation Time from Non-Collaborative to Collaboratively
Community-Based Services	22.4 hours (1741)	5.5 hours (2943)	16.9 hours
Therapy/Counseling Services	21.1 hours (2502)	8.4 hours (3709)	13.5 hours

We surveyed individuals both before and after implementing collaborative documentation (CD) and asked various questions about their interactions with staff. However, since we collect surveys anonymously, we cannot distinguish between responses from those who participated in CD and those who did not. Therefore, any differences observed when comparing the data before and after CD implementation may be influenced by external factors. Despite this, we did not find any significant differences across the survey questions that CD might have affected. For more information, please refer to Table 2.

Table 2. Perceptions of Care Survey Scores Before and After Implementing CD

Survey Question	Percent Agree: Before CD Implementation	Percent Agree: After CD Implementation	Difference (%)
I, not staff, decide my recovery goals.	95.2%	94.9%	-0.3%
Staff have a good understanding of my recovery goals.	96.8%	97.3%	0.5%
I am doing better because I received services at CenterPointe.	96.8%	97.6%	0.8%
I am satisfied with the care I receive.	96.7%	96.5%	-0.2%

The results indicate a significant benefit from implementing Collaborative Documentation (CD). Both community-based services and therapy/counseling services experienced a reduction of more than half in the average time required to complete documentation when done collaboratively. This could lead to fewer tasks on staff to-do lists, decreased anxiety related to documentation, and increased time for other activities, such as care coordination.

The survey scores before and after the implementation of CD showed no significant differences, suggesting that this implementation did not positively or negatively affect individuals' perceptions of care. Prior to implementation, scores were already close to the maximum possible value, meaning there may not have been much room for improvement.

Given the absence of negative impacts and the clear benefits for staff, we strongly advocate for the adoption of Collaborative Documentation practices in other healthcare settings. By empowering both providers and individuals, CD not only enhances the documentation process but also fosters a collaborative therapeutic environment, ultimately contributing to better overall care.