

The Importance of record keeping

What is it and why should we bother?

Reflexology remains unregulated in Ontario at this time, which means a therapist does not HAVE to keep their records to a particular standard, but does that mean we shouldn't bother? Let's look at the pros and cons of how we keep our records, and how it helps us or hinders our forward movement as respected members in the field of alternative health care.

Paper work is likely NOT why we decided to get into the alternative care field. Most of us had pain or physical challenges, or someone close to us did and we wanted to help. The ability to work with our hands in a compassion based setting of wellness was what drove us.

Health history forms, treatment notes, how does this match the benefit of the skill in our hands? Let's walk through some scenarios and look closer at the role of recording forms.

A client, Jane, comes in for a treatment once every 2 weeks for 2 months before leaving for a family emergency, where she ended up being away for 4 months. When she came back Jane immediately called you, her therapist, in tremendous pain. Her message includes the following statement "Remember how we tried something different that last time? Well it worked. My pain was manageable for 3 months, even though my stress level was really high. I want to book in again as soon as you have an opening, and do EXACTLY what you did that last time."

It's been 4 months. Do *YOU* remember what changes you made to her last treatment? It was meaningful, she had new relief. Your notes should be where you have details of any changes, reactions, and feedback she gave you before and after treatment. How likely are you to be able to remember the nuances of the changes to your routine that day?

If you've done any new continuing education courses in between that time, it's likely your treatment may be changing again. Notes can help you remember what new techniques or durations of treatment focus you used, so you can be effective for your client next treatment.

Here's a different scenario: Joe has been having increasing pain in his feet. He receives benefit from treatment, but you've recently tried adding activities to do at home, hoping to expedite the improvement rate. Joe calls you with a question 7 days after he saw you last. You've seen 25 pairs of feet since you saw him. He asks you to remind him what exercise you wanted him to try. Without notes, are you certain you will remember which ones you've tried, and which ones are next on the list?

Referrals work much the same way. During treatment you may suggest a practitioner – maybe chiropractor, maybe Body Talk practitioner, because in that moment, it sounds like a perfect fit. When the client calls back, because they lost their name or number you gave them, will you be able to recall that conversation? "Remember? You said they would be a perfect match for me!" Your client is counting on your recall. Notes can be there to save your day and help you look like a superstar.

Recording the names of practitioners your client is seeing and getting benefit from is also a great way to start a cross referral list of diverse and excellent practitioners in your area. This may be used for invites to interdisciplinary gatherings, or future referrals, or thank you letters and peer introductory letters. Grass roots marketing to excellent practitioners is always a good opportunity.

How about the more formal medical-legal reports when working with insurance claims? This past year I heard about the first car accident insurance claim ACCEPTING a reflexology treatment plan, and yes, she is an RRCO member. A quick call or note to say “we’ll try and decrease her pain” will not fly when working in this arena. Having notes that include **date, time, assessments and palpation findings, observations and subjective comments** are expected. Your plan for how many treatments and timing for reassessment would also be required in this case.

Your fee is also something that should be easily found in charting. Referrals and date of discharge, or date when you moved from a treatment plan into a maintenance plan (when the client was no longer in pain and looking to maintain their health) are also relevant benchmarks that should be noted.

We are also seeing an encouraging trend as more and more extended insurance companies add Reflexology as an included benefit. A down side of any insurance coverage is fraud. It is reasonable to expect in our career lifetime a handful of us will be contacted by an insurance company as they fetter out therapists and or clients who are trying to abuse the system. The best way to protect yourself is having a clear record of what you did when and with whom. This allows the insurance companies to come to the truth faster and lowers your stress levels. Having a regimented system of receipting and cash handling practices also makes life easier if ever your treatments come into question. This also goes for Canada Review audits as well. Preparing ahead of time saves you stress down the road.

Here is a fraud scenario to consider: Heather, a local therapist, received a call from an insurance provider. They had received receipts from a client “Jessy Smith” for various amounts. It was the irregularity of the cost of treatment that flagged the clients file. Heather could confirm that the 5 dates in question she had not seen this client, as she quickly pulled out her appointment book. A quick scan of her client files allowed her to see if Jessy Smith was a client she had ever seen and if so, when. This efficient transparency allows the insurance company to quickly do its job, and understand your role, or lack there of in the treatments in question. Again, being unregulated, we do not have the same privacy requirements as other fields where we would need client consent before discussing cases. Regardless, asking for proof the caller is who they say they are or **confirming information**, rather than **offering information** are within reason for a cautious therapist.

All of this paper work and formality may seem like a chore to many therapists, but there are ways to simplify the collection and recording of the information. Using short forms in your ongoing notes can be useful and a time saver, but be sure that you maintain a glossary of terms and a list of the short forms used. Images are commonly used in our field, and quickly show location and findings with ease.

Paper treatment files should be locked when not in use and never left out on a reception table where someone other than the therapist could review them. Many therapists choose to transfer paper records to a zip drive or electronic storage “cloud” if they have been inactive as a client after a period of time. Electronic documents should be password protected to insure privacy. Best practice suggests keeping any cloud information within Canadian jurisdiction under PEPIDA privacy laws. Paper information can be shredded or burned in a controlled fire when it is no longer of use to the practitioner.

Treatment records provide therapists with an historical view of treatments provided, problems found, solutions tried, and feedback from clients. Good record keeping will assist you in treating your clients more effectively, and that’s good news for everyone involved.

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CEU questions to review:

1. How does record keeping assist a therapist as a client improves or declines?
2. How can a client benefit from having a record of their responses to treatment?
3. What are 5 important components of a treatment record?
4. What are recommended methods of storage for paper file? What about electronic files?
5. What are recommended methods of disposal of paper files once they are no longer active?