

All roads lead to Rome: using
clinical information to improve
consumer outcomes



Objectives?

- Mental Health clinical information initiatives in NSW
- How we are supporting the collection and use of outcome and casemix measures
- Lessons learned, current status and future directions

Clinical information initiatives in NSW: MH-OAT

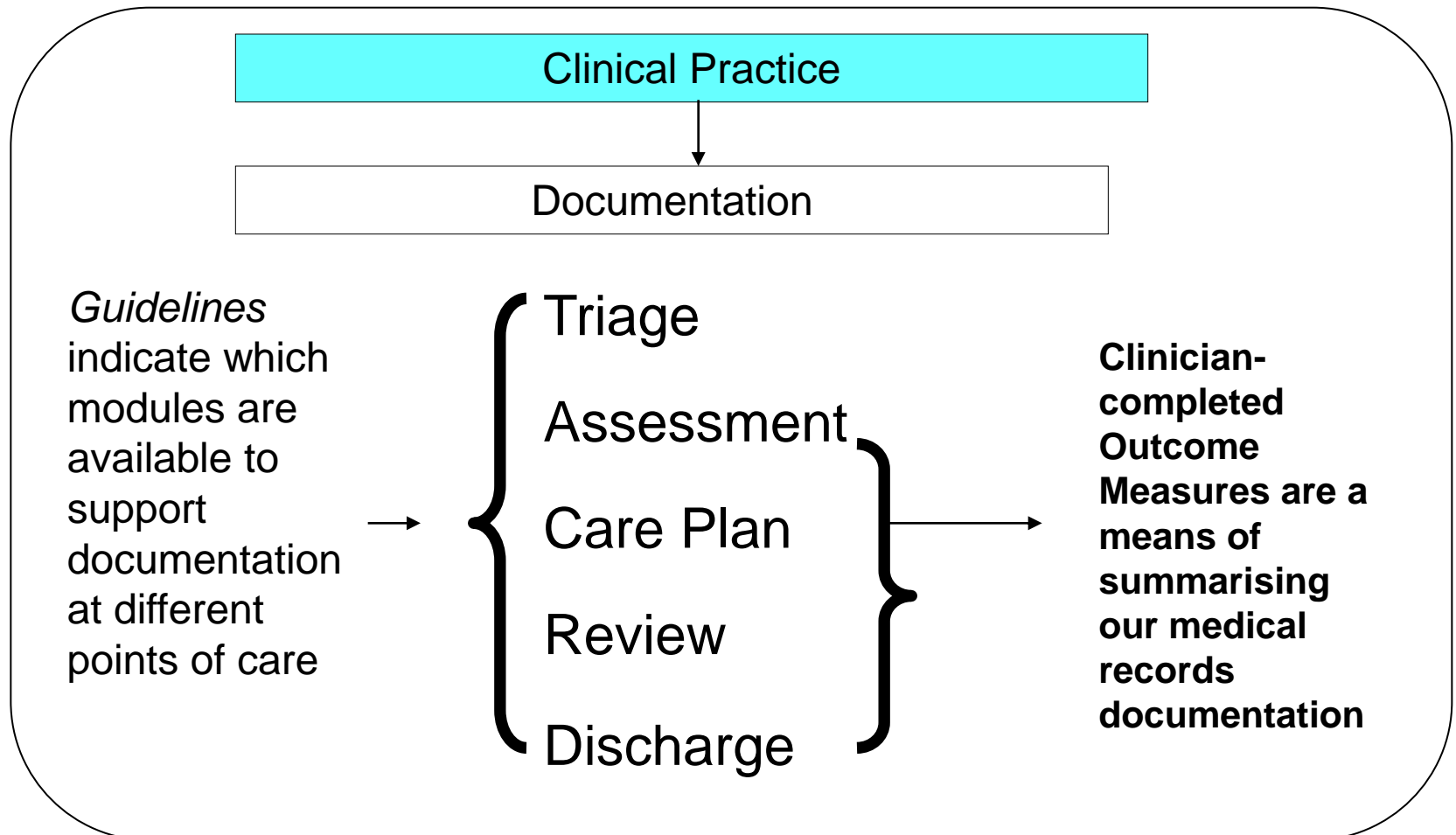
Standardised Clinical Documentation

Outcome measures

Training

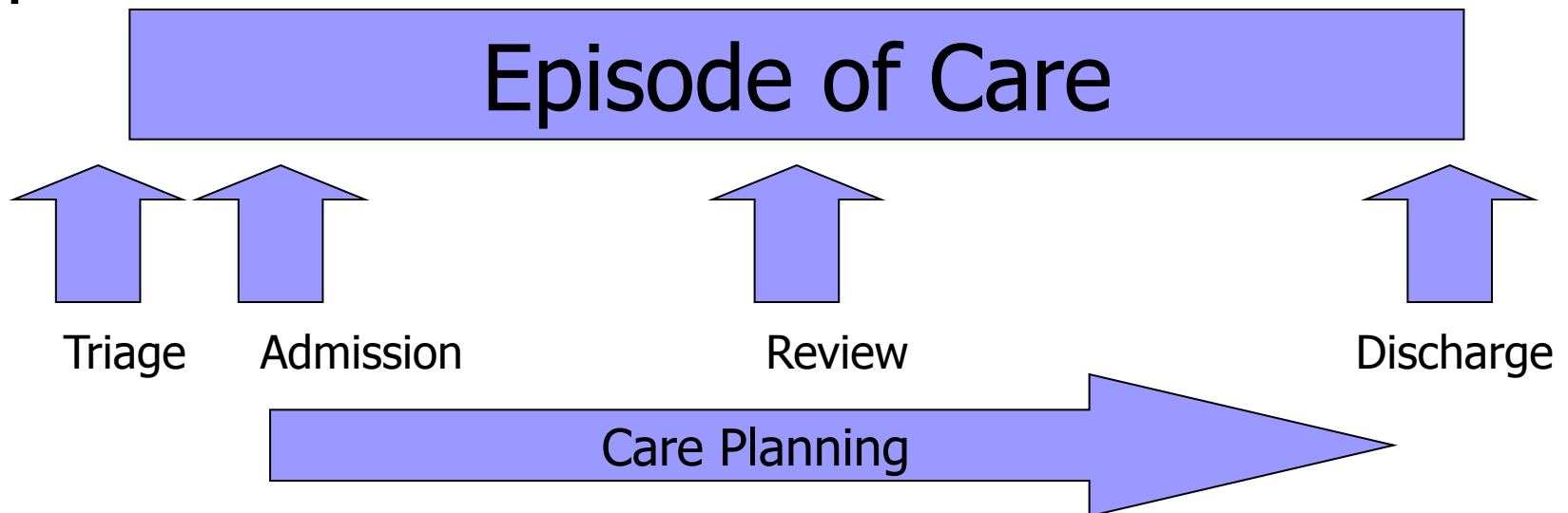
Electronic Information Systems

Relationship between clinical practice, documentation and standardised measures



What does the documentation provide?

- A benchmark for the documentation of clinical practice at various points in the patient's/consumer's care



It is basic clinical practice for information to be collected at these times and appropriately documented.

Clinical Documentation Suite

- ❖ 'Core' modules
 - ❖ Triage
 - ❖ Assessment
 - ❖ Care Plan
 - ❖ Review
 - ❖ Transfer/Discharge Summary

- ❖ To be used for all settings and age groups

Clinical Documentation Suite

- ❖ 'Additional' modules
 - ❖ Physical Examination
 - ❖ Physical Appearance
 - ❖ Risk Assessment
 - ❖ Substance Use Assessment
 - ❖ Family Focused Assessment (COPMI)
 - ❖ Functional Assessment
 - ❖ Transcultural Assessment
 - ❖ Screening for Domestic Violence
 - ❖ Cognitive Assessment (RUDAS)
 - ❖ Cognitive Assessment (3MS/MMS)
 - ❖ Consumer Wellness Plan

- ❖ To be used as appropriate to the clinical situation

Aims of documentation approach?

- ❖ To improve the quality of clinical information available to inform care by facilitating collection, retrieval and sharing of medical records information
- ❖ To improve clinical outcomes

Relationship to outcome measures?

- ❖ Clinician-completed measures are a means of summarising our medical records information to:
 - ❖ aid care planning and monitoring of outcomes
 - ❖ enable comparison of patient/consumer to peers
 - ❖ aid service evaluation



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

Facility:

D.O.B. ____ / ____ / ____ M.O.

ADDRESS

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**MENTAL HEALTH
TRANSCULTURAL
ASSESSMENT**

This module provides a structured format for the documentation of cultural information, where a consumer has been identified as being from a culturally and linguistically diverse background. It can be used during assessment at any point of care. Attach to relevant base module and summarise findings where appropriate in relevant components of the base module.

People present

CLIENT AND FAMILY CULTURAL IDENTIFIER(S) (e.g. country or place of birth, ethnicity / cultural groups, religion)

COMMUNICATION ISSUES (e.g. preferred language and dialect, proficiency in English, interpreter needed, consider potential gender / hierarchy / cultural / social communication barriers between client and health professional)

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ING

PROOF



Lessons learned?

Evaluation of documentation suite

- ❖ Evaluation undertaken in 2006
- ❖ Audit findings for 2002 – 2005
 - ❖ Information on nearly 4000 audited files
 - ❖ The most used modules were the Assessment and Discharge Summary (completed in approx. 70% of audited files), other modules' use variable (e.g. Review approx 30%)
- ❖ Clinician & manager survey (n=634)
 - ❖ Majority thought the modules had improved documentation (supported by independent SERC review)
 - ❖ Factors associated with uptake – being embedded in local clinical and business processes

Key findings

- ❖ It is easier to record information in a structured way where the clinical process being documented is structured
- ❖ Uptake is also enhanced when the information is being used, for example, in case reviews, supervision
- ❖ Both collection & use therefore relies on being embedded in local clinical and corporate governance processes

Collection and use of outcome measures by NSW public mental health services?

Initiatives to increase collection & use of information

- ❖ Funding provided to Areas for MH-OAT and MHIDP personnel to support collection and use at local level
- ❖ Area training is supplemented by State and joint Training initiatives with AMHOCN – Clinical Utility Workshops, Manager/Team Leader Workshops
- ❖ Use of clinical information is supported by State Benchmarking – Adult Non-Acute Inpatient, Adult Acute Inpatient, SMHSOP (Child and Adolescent to commence soon). An interactive data tool developed by InforMH (CIBRE) has been integral to enhancing use of clinical information in this context

PEER GROUP

Adult Acute

UNIT

NSW Peer Group Average

Hit <ESC> to exit

Print

Main | Flow

ABOUT CIBRE

CIBRE is a tool for clinical benchmarking.

Please note:

- Version 1 is the current version.
- Please also refer to the user manual for more information on these errors.
- Data is for the current financial year.

Using CIBRE

- PEER GROUP: Select the peer group you want to compare against.
- UNIT: On the left hand side, select the unit you want to compare.
- MAIN: Click on this tab to see the current data for the selected peer group and unit.
- FLOW: Click on this tab for a summary of all episodes of inpatient care for the selected unit.
- XY: Click on this tab to build a custom scatter-plot, choosing a variable for the X-axis and the Y-axis.
- AREA: (For Adult Acute Units only) Click here to see all units within the selected peer group and the Area average.
- PRINT: Print the current screen.

Acknowledgement

The grouping of data has been based on the "Pyramid Of Investigation" developed by Queensland Health. CIBRE is built using Xcelsius, a Business Objects application. For more information on Xcelsius, please visit www.sap.com/solutions/sapbusinessobjects/sme/xcelsius/index.epx

Contacting InforMH

InforMH is a unit of the Mental Health and Drug and Alcohol Office (MHDAO), NSW Health. For more information about CIBRE or clinical benchmarking projects please contact us on 8877 5120 or email:

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- Gina Ingrouille GIngrouille@nscchahs.health.nsw.gov.au
- David Duerden DDuerden@nscchahs.health.nsw.gov.au

PERIOD

NSW Peer Group Average

- Adult Acute
- PECC
- HDU and Obs
- PICU
- Rehabilitation
- Extended Care
- CAMHS Acute
- CAMHS Non-Acute
- SMHSOP Acute
- SMHSOP Non-Acute
- Forensic
- Vol and Special Ca

- NSW Peer Group Average
- Albury: Nolan House
- Bankstown: Banks House
- Blacktown: Bungaribee
- Bloomfield: Canoblas
- Blue Mountains: MHU
- Broken Hill: Special Care
- Campbelltown: Waratah
- Coffs Harbour: MHU
- Concord: Manning
- Concord: Norton
- Cumberland: Hainsworth
- Cumberland: Paringa
- Cumberland: Riverview
- Dubbo: MHU
- Gosford: Mandala
- Goulburn: Chisolm Ross
- Hornsby: Lindsay Madew
- James Fletcher: Acacia
- James Fletcher: Bluegum
- Lismore: Richmond

Information for benchmarking.

What we can iron these out.

It is only through using this data that we can iron these out.

Change (HIE) on Sept 15 2009.

Units may be limited to only a single peer group.

Select the data of interest.

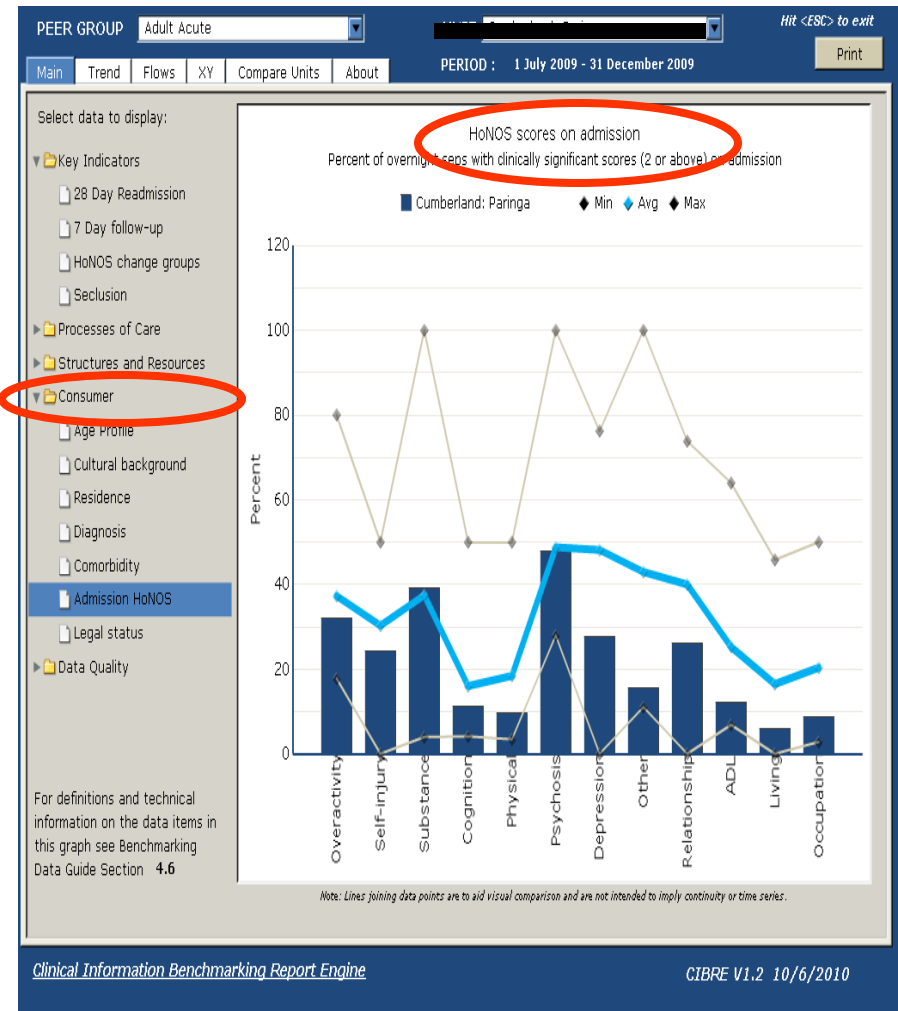
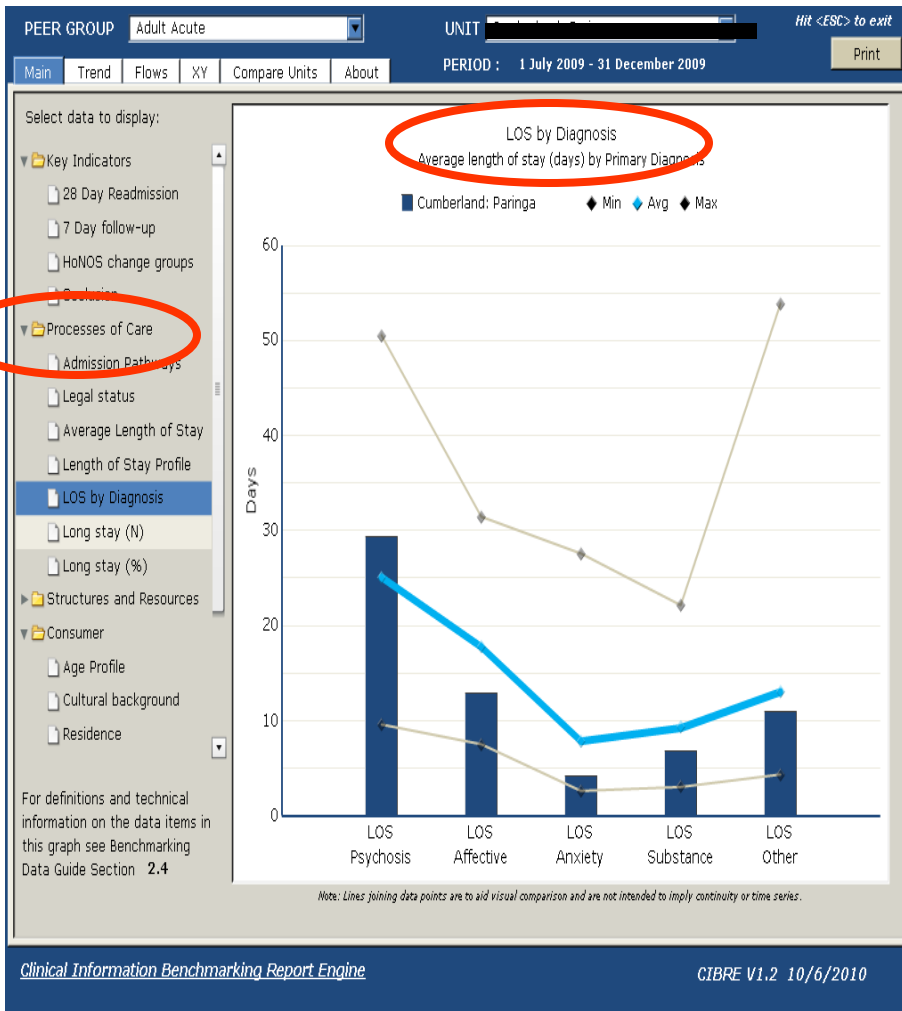
The data presented is of all activity on that peer group plotted against those of the NSW Average for that peer group.

1474 – 1477) as adapted by

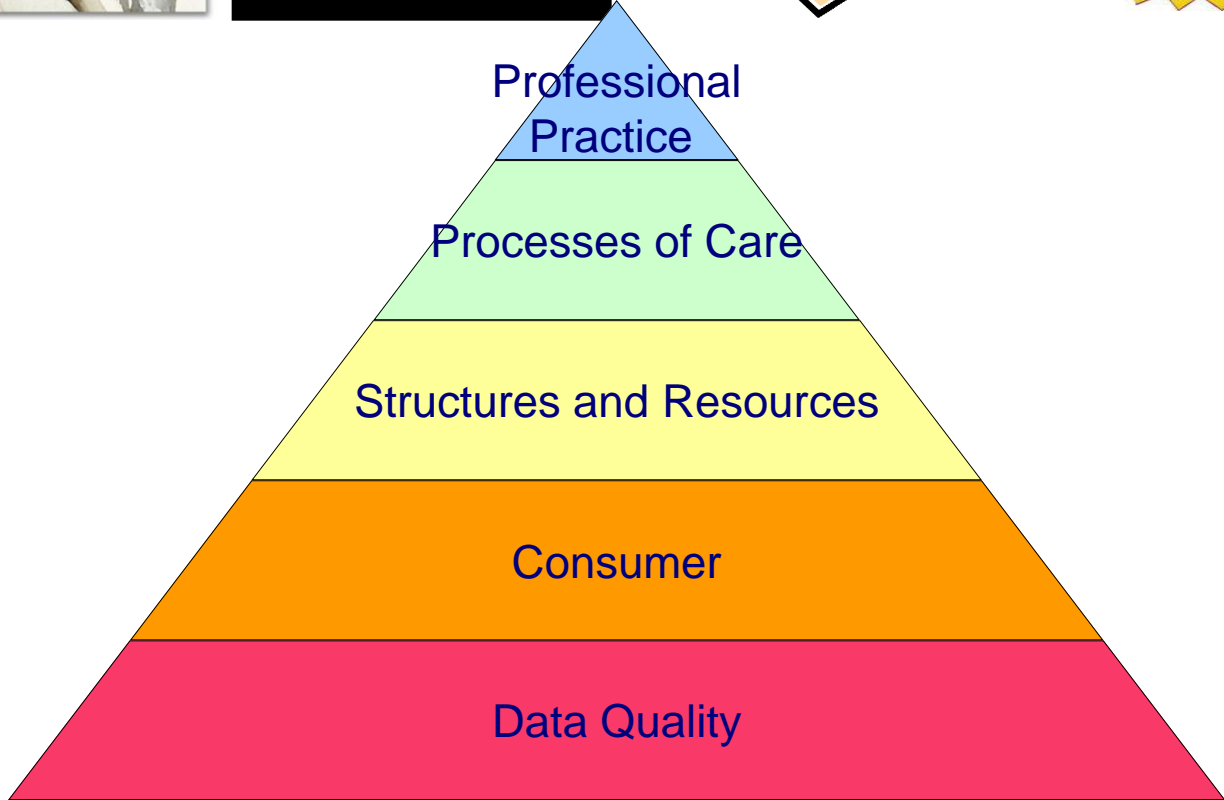
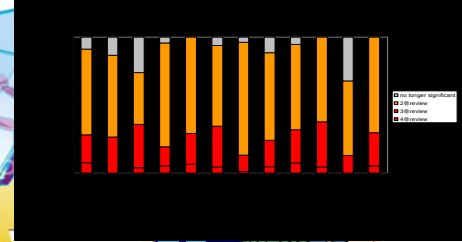
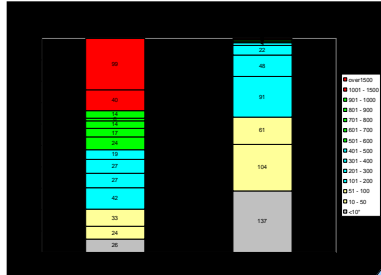
➤ What is in CIBRE ?

Key Indicators	<ul style="list-style-type: none"> 28 Day Readmission 7 Day follow-up rate HoNOS change groups Seclusion Rate
Processes of Care	<ul style="list-style-type: none"> Admission Pathways Legal Status Average Length of Stay Length of Stay Profile LOS by Diagnosis Long stay (N) Long stay (%) Time to follow-up
Structures and Resources	<ul style="list-style-type: none"> Bed numbers Occupancy Turnover
Consumer	<ul style="list-style-type: none"> Age Profile Cultural background Residence Diagnosis Comorbidity Admission HoNOS
Data Quality	<ul style="list-style-type: none"> HoNOS quality Coding completeness Linkage ability

➤ Compare Data Elements & Indicators



Clinical Conversations: meaning of the data in context.



Key findings of collection & use initiatives?

- ❖ Targeted clinical utility training is integral to enhancing collection and use - ‘putting the pieces together’
- ❖ Having structured clinical review processes in which the outcome measures are used
 - ❖ enhance the quantity and quality of outcome measures information
 - ❖ facilitate the use of clinical information for monitoring of clinical status and care planning outcomes

Key findings?

- ❖ Involvement in benchmarking enhances the quantity and quality of information collected, as it supports use
 - ❖ Use of information is further enhanced by targeted training and support on how to use both service specific and aggregated data in a structured way

Future directions?

- ❖ Development of new State resources focused on clinical utility of documentation suite and outcome measures is currently in progress
- ❖ Development of a state level file audit approach to aid use of medical records information
- ❖ State Benchmarking – ongoing developments in CIBRE
 - ❖ Ongoing additional training and support for using the Web Decision Support Tool, CIBRE and standard reports from local electronic source systems to inform clinical practice improvement initiatives
- ❖ Conversion of documentation suite into an EMR

Summary

- ❖ Tools need to be seen to reflect National Mental Health Standards and support clinicians and services in the delivery of care
- ❖ Use of information at clinical and service level needs to be supported
- ❖ Clinical information provided by tools needs to be valued as contributors to improved outcomes and owned by clinicians

❖ Your thoughts?

❖ Questions?

Contact details?

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