The Development of Clinical Care Standards for NSW Drug and Alcohol Services and Implementation Considerations

NICHOLAS LINTZERIS¹, JENNIFER HOLMES¹,², ADRIAN DUNLOP¹, KRISTIE MAMMEN¹, LYN GARDNER⁵, ANNI RYAN²
¹Drug and Alcohol Services, South Eastern Sydney Local Health District, ²Quality and Safety Team, Centre for Population Health, NSW Ministry of Health, ³Drug and Alcohol Clinical Services, Hunter New England Local Health District.

BACKGROUND

How do we know if services have been delivered well and are beneficial for clients? Historically, information has been limited to broad client and treatment descriptors, through put and reason for leaving treatment. This gives no indication whether key elements of treatment were delivered or how effective a treatment service was in improving the health of its consumers. Point of care data capture through the implementation of eMR (electronic medical records) in NSW government drug and alcohol services has allowed our team to develop a Drug and Alcohol Clinical Outcomes and Quality Indicator (COQI) Framework, and to embed extracts and quality reports into NSW government drug and alcohol service eMR.

To inform the COQI Quality Indicator development, we have worked with the NSW drug and alcohol treatment sector to develop AoD Clinical Care Standards (CCS) for NSW services. This poster reports on the systems enablers and barriers to implementing care that achieves these standards.

APPROACH

The COQI team undertook an iterative consultation process to engage NSW D&A service providers in identifying the core treatment processes and their key elements of care. This included representatives from all NSW Local Health District AoD services, non-government sector representatives, Ministry of Health stakeholders, and AoD consumer workers. A series of workshops were held to identify the core treatment processes, develop standards for those processes and to identify the system enablers and barriers for implementation and standard achievement. Clinical leaders from each Local Health District were also invited to provide written consultation feedback on the standards and systems considerations.

FINDINGS

1. Workforce Development: Essential in supporting the workforce in delivering quality treatment
   - skill gaps identified included (a) completing a clinical formulation of the initial comprehensive assessment, (b) developing and recording collaborative care plans, and (c) preparing discharge summaries
   - The standard on “identifying, addressing and monitoring risk”, was identified as needing further clarity
   - clinical informatics and analytics skills are also required to maximise the benefits of an integrated quality and outcomes
   - consumer worker consultation highlighted the importance of incorporating an understanding of consumer experience into workforce development strategies, and particularly the importance of clearly communicating the processes involved in treatment.

2. Informatics Capacity: ‘data informed’ services will require enhanced informatics infrastructure
   - there are systems barriers in achieving even the existing requirements in relation to reporting treatment data
   - lack of access to data extracts and reports
   - limited funding for the informatics staff required to support data quality

3. Workflow gaps: Implementing the COQI Clinical Care Standards may impact workflow
   - variability in local business rules/procedures to support the delivery of the clinical care standards.
   - compliance and quality of these processes is reliant on the appropriate resourcing of staff.

4. Leadership and Collective Approaches. Finally, there was a consistent call for leadership on how to address new challenges for the sector, and this was paired with a desire to work collectively and to be supported to collaborate.

SUMMARY AND RECOMMENDATIONS

The COQI Framework aims to outline a process for measuring whether clients have improved outcomes (Clinical Outcomes) and whether the core elements of treatment have been delivered (Quality Indicators). The team has co-developed and consulted on draft clinical care standards, a precursor to quality indicators. A key focus has been on the considerations for the sector in implementing and respond to the COQI framework. Ongoing leadership and collaborative work is required to integrate the clinical care standards into workforce development, quality improvement activities (clinical auditing practices) and clinical analytics solutions (dashboards).