The Development of Clinical Care Standards for NSW Drug and Alcohol Services and Implementation Considerations
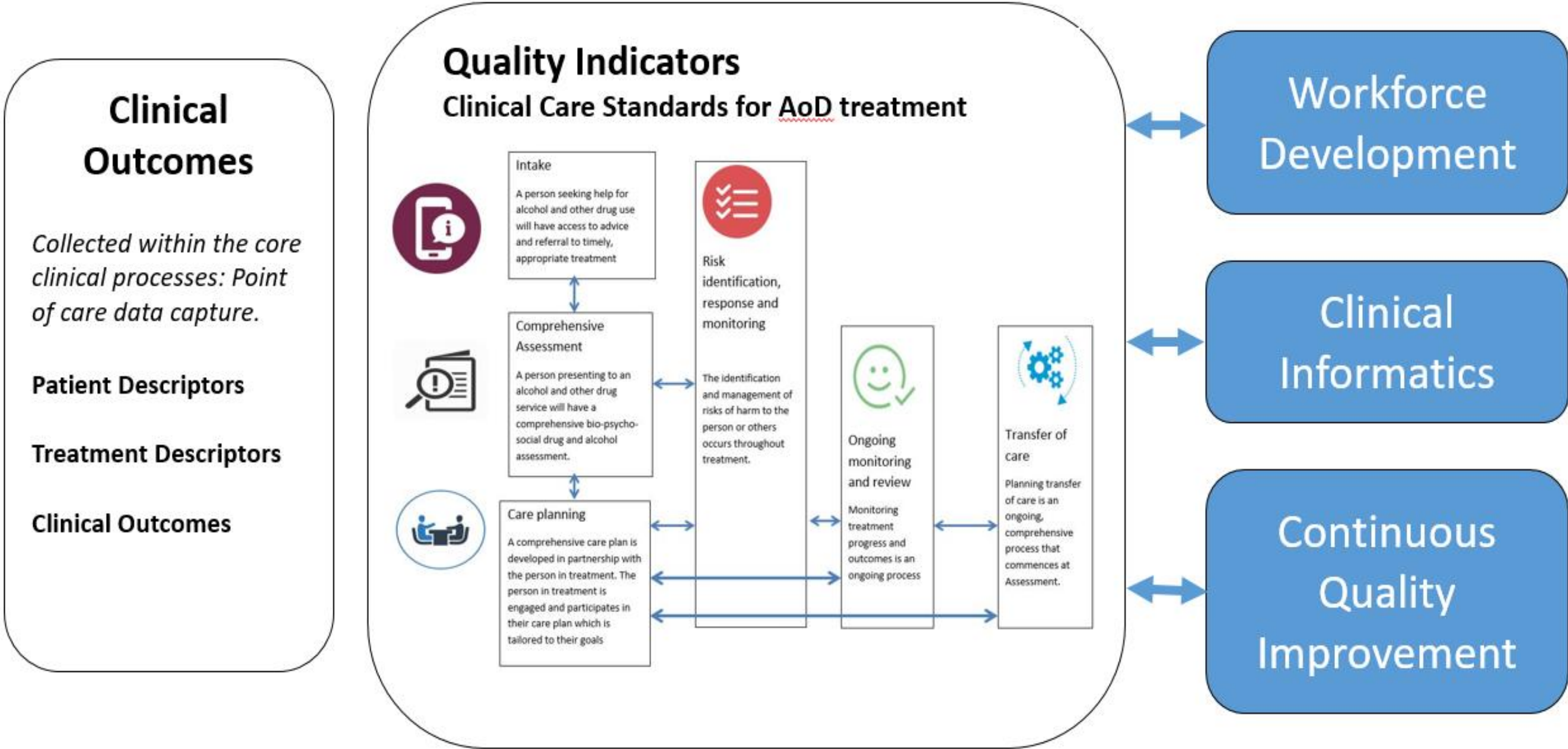
NSW GOVERNMENT Health South Eastern Sydney Local Health District

NSW GOVERNMENT Health Hunter New England Local Health District

NICHOLAS LINTZERIS[1], JENNIFER HOLMES[1,2], ADRIAN DUNLOP[3], KRISTIE MAMMEN[1], LYN GARDNER[3], ANNI RYAN[1]
[1]Drug and Alcohol Services, South Eastern Sydney Local Health District, [2]Quality and Safety Team, Centre for Population Health, NSW Ministry of Health, [3]Drug and Alcohol Clinical Services, Hunter New England Local Health District.

CO + QI = The COQI Framework

Clinical Outcomes

Collected within the core clinical processes: Point of care data capture.

Patient Descriptors

Treatment Descriptors

Clinical Outcomes

Quality Indicators
Clinical Care Standards for AoD treatment

Intake — A person seeking help for alcohol and other drug use will have access to advice and referral to timely, appropriate treatment

Comprehensive Assessment — A person presenting to an alcohol and other drug service will have a comprehensive bio-psycho-social-drug and alcohol assessment.

Care planning — A comprehensive care plan is developed in partnership with the person in treatment. The person in treatment is engaged and participates in their care plan which is tailored to their goals

Risk identification, response and monitoring — The identification and management of risks of harm to the person or others occurs throughout treatment.

Ongoing monitoring and review — Monitoring treatment progress and outcomes is an ongoing process

Transfer of care — Planning transfer of care is an ongoing, comprehensive process that commences at Assessment.

→ Workforce Development

→ Clinical Informatics
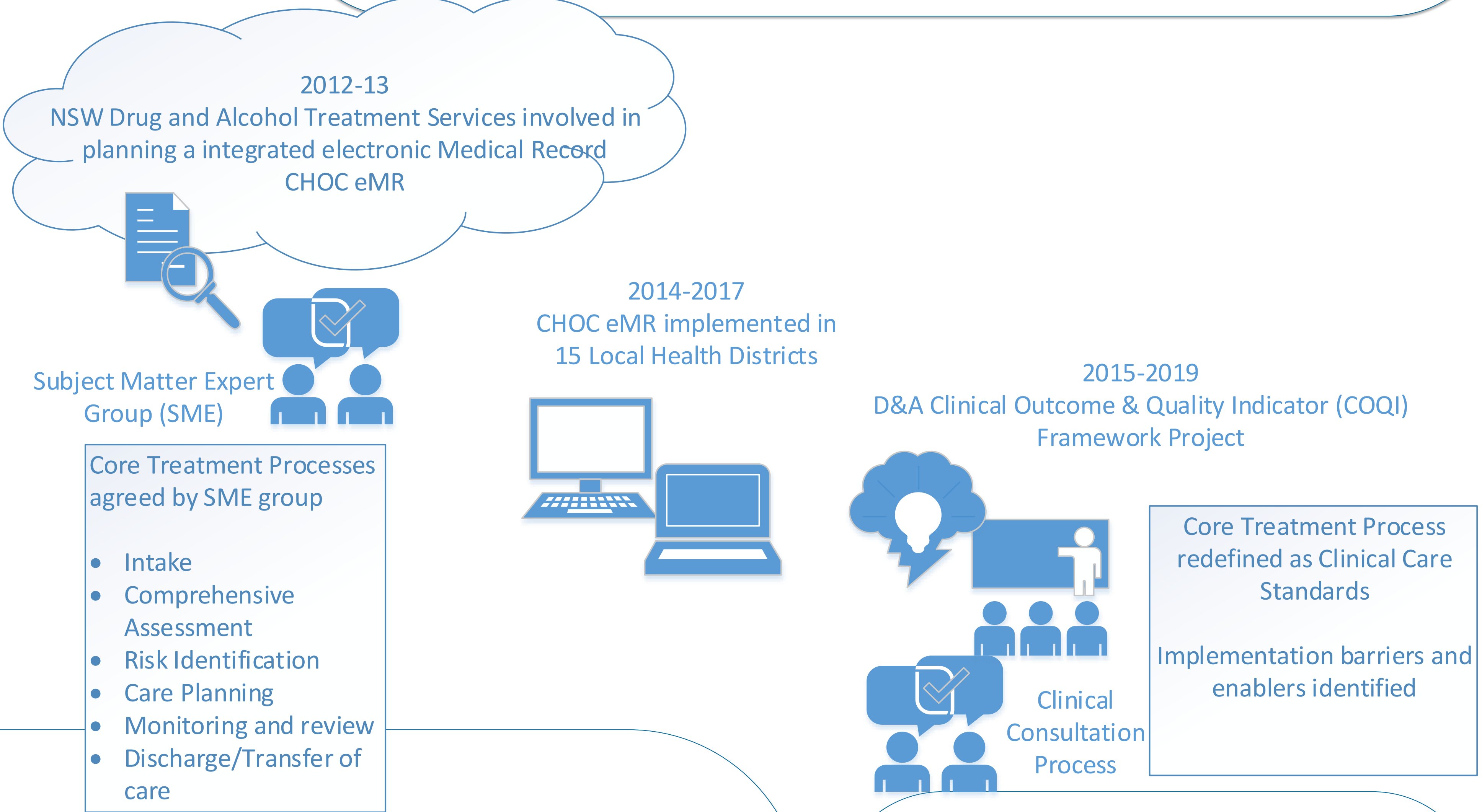
→ Continuous Quality Improvement

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 Indictor 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.

2012-13
NSW Drug and Alcohol Treatment Services involved in planning a integrated electronic Medical Record CHOC eMR

Subject Matter Expert Group (SME)

Core Treatment Processes agreed by SME group

- Intake
- Comprehensive Assessment
- Risk Identification
- Care Planning
- Monitoring and review
- Discharge/Transfer of care

2014-2017
CHOC eMR implemented in 15 Local Health Districts

2015-2019
D&A Clinical Outcome & Quality Indicator (COQI) Framework Project

Clinical Consultation Process

Core Treatment Process redefined as Clinical Care Standards

Implementation barriers and enablers identified

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.
- completion 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).

QR code

✉ jennifer.holmes2@health.nsw.gov.au