Data collection – Aneurin Bevan Health Board
Situation

Driver 2 of the Intelligent Targets for eating disorders requires:

*Improved assessment, care co-ordination and interventions across Tier 2 mental health services for CAMHS and CMHTS.*

The following interventions have been identified to achieve this target.

1. Implementation of the Tier 2 Care Programme Approach eating disorders assessment bundle for all eating disorders referrals to all Adult CMHTs and Tier 2 eating disorders ‘review’ assessment bundle for CAMHS.

2. For high risk eating disorder presentation Tier 2 teams will secure medical assessment within 48 hours and a psychiatric assessment within five working days.

3. Formulation and delivery of treatment plan delivered within a structured care programme approach/CAMHS equivalent.

4. Written information to be given to patient and carer/nearest relative at all stages. Evidence of patient/carer involvement in planning and outcome monitoring.
Previous data collection methods

- 2010 and 2011
- Annual audits of all known patients
- Completed using case notes:
  - CPA assessments
  - CPA care plans
  - Tier 2 lead and administrator visited all CMHTs to complete audit
## Assessment

### Current Figures

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total active cases:</td>
<td>77</td>
<td>64</td>
</tr>
<tr>
<td>Tier 3:</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>Tier 2 only:</td>
<td>59</td>
<td>57</td>
</tr>
</tbody>
</table>

- New referrals within 2011: 14

- Based on information received from Designated Contacts.
## Intervention 1 & 2

### Intervention 1 – Assessment

<table>
<thead>
<tr>
<th>Aspect of CPA Assessments completed</th>
<th>%</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>Dietetic</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>Psychosocial</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>Mental State</td>
<td>87</td>
<td></td>
</tr>
</tbody>
</table>

Was a Risk Assessment Completed: 93%, 4% n/a

Is there evidence of Client / Carer involvement in the Assessment process: 87%

### Intervention 2

<table>
<thead>
<tr>
<th>Aspect</th>
<th>%</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pts ref to CMHT with High risk presentations</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Of these medically assessed within 24-48 hrs</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Of these Psychiatric assessment completed within 5 working days</td>
<td>50</td>
<td></td>
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</tbody>
</table>
## Intervention 3&4

<table>
<thead>
<tr>
<th>Intervention 3&amp;4 – Care Plan</th>
<th>%</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Co-ordinator identified</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td>Was the formulation of needs informed by a comprehensive assessment</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>CPA Level stated</td>
<td>84</td>
<td>St- 52% En-32%</td>
</tr>
<tr>
<td>Does the care plan include the following needs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Nutritional</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>Psychosocial</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Psychiatric</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>A record of the actions/interventions to address the identified needs.</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>The person responsible for delivering the interventions</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>Is a review date stated</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Has the care plan been reviewed</td>
<td>19</td>
<td>35% set for 2012</td>
</tr>
<tr>
<td>Did the Client/Carer attend the CPA meeting</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Is the care plan signed by the Client</td>
<td>25</td>
<td></td>
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- Based on number of care plans available (57): 56% included all needs.
Limitations

- There were some implications in particular notes or relevant documents not being present.

- This report is based on the information provided by Designated Contacts within the CMHTS. There appears to be differences between these and the statistics later provided by dietetics.

- Provides an initial baseline only.

- Unable to complete run charts based on annual stats.

- Doesn’t provide any insights into what is effecting changes.
Annotated run charts

% medicines reconciled - a Medical Admissions Unit

- Form piloted
- Form printed
- Letter from CDs
- Pharmacy included
Eating Disorders - Interventions

Measures

- % of patients completing 24 hour bundle
- % of patients completing 48 Hour bundle
- % of patients receiving a multi disciplinary review within 2 days
- % of patients receiving a multi disciplinary review within 5 days
- % of patients receiving a multi disciplinary review within 10 days
- % of patients with CPA appropriately arranged
- % of patients provided with written information appropriately
### How??

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![Graph: % medicines reconciled - a Medical Admissions Unit](image)
Collaboration

- Local Informatics
  - EPEX (Lisa Andrews ABHB)
    - Understanding interactions between patients and systems
    - Creation of codes

- Local practitioners for Eating Disorders
  - Encouraging use of codes and system
  - Understanding of importance of data

- 1000 Lives Plus Support
  - Model for Improvement session (focus on data)
  - Customising spreadsheet
Intelligent Targets - ABHB

- Consideration has been given to reporting for the intelligent Target

- This has had a direct influence on how the data is to be captured for the Eating Disorders service

- There is an impact on current data entry for all CMHT staff

- Local reporting has also been considered as part of this process
The PDSA cycle

**Plan**

**What to do?**
Run education session:
- ED codes
- Model for improvement
  - Focus on data and presentation

**Prediction**

Increase number of cases reported on ePEX

**Measure effect**

Ratio of cases on diaries to computer system decreases.
The PDSA cycle

**Act**

**Plan**

**Study**

**Do**

**Do**

**Carry out the Plan**

Run education session ED codes and model for improvement on 29th October.

8 attendees from 2 ABHB localities

**Documented learning**

Activity discussion
Systems for recording work – not standard across services
Awareness raised of ED codes for ePEX
Awareness raised of shift in one off audits to continuous data for improvement
The PDSA cycle

Unable to provide results regarding measure specified, this is work in progress, but will be helpful.

Activity discussion – capacity underutilized!!?? (Incomplete data on system).

Awareness raised and reinforced of ED codes.

Discussion regarding recording of data generally.
**Study**

**Plan**

**Do**

**Act**

---

**Act**

**Adopt, Adapt, Abandon?**
No formal measured results, however, the education session was deemed helpful.

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**Next Steps – We're not there yet!**
Meeting to be arrange through localities to discuss capturing information to ensure data is consistent reported.

Encourage further use of the system through promotion of dual purpose:

- Activity recording
- Measurement data for local improvement.

Development of tool to work with ePEX to create run charts.
Summary

- Shifting reporting from annual audits to continuous
  - Essential for local learning insights.
  - Quality of care delivered to patients.

- Use local knowledge and expertise to develop sustainable solutions.
  - ePEX.
  - Pathways – helpful for understanding your service, and interactions with systems for data.
  - 1000 Lives Plus can help create tools to work with local systems.

- Multi purpose use of data entry
  - Activity data and quality improvement data.

- Outside help available, please get in touch!
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- Ebost/Email: Lisa.Williams19@wales.nhs.uk