One Assessment : One Plan
1A : 1P
Hawke’s Bay

• Population of 161,300 people.

• Compared to New Zealand averages, we have a higher proportion of Māori (26% vs 16%), more people aged over 65 years (18% vs 15%) and more people living in areas with relatively high deprivation (28% vs 20%).

• In 2016/17, HBDHB’s allocation of public health funds is $504 million, including 3.96% of the total health funding that the Government allocates directly to all DHBs.

• HBDHB will fund over $231 million worth of services from other providers.

• 78% of those services will be from primary care and private providers mostly based in Hawke’s Bay communities and the other 22% will be from other DHBs for more specialised care than is provided locally.

• Mental Health Services budget $40.17m (DHB).
Hawke’s Bay
What was needed for 1A : 1P

• Mandatory vs wish list.
• For the Assessment and Care Plan documents, it must be possible to create, view, edit, review and archive the document.
• That the template can be customised by the DHB, including the layout, the ability to apply simple data entry rules (e.g. mandatory fields), selection lists and their configuration.
• That the template provides the ability to apply complex data entry rules (e.g. inter field validation).
• That archived documents can be opened in the version of the template they were created and “in-use” (anything not archived) can be opened and updated to the latest template version.
• That archived documents are of a fixed format (i.e. cannot be edited).
• That the system must retain a comprehensive profile of the activity carried out on documents, including but not limited to the action performed, when it was performed, who performed plus allow the capture of why it was updated (in a structured, configurable list of options).
• That another Assessment or Care Plan cannot be created if one already exists for the patient episode of care.
• For both the Assessment and Care Plan documents to be able to pull patient demographic data from ECA at initiation.
• For both the Assessment and Shared Care Plan documents to be able to pull patient demographic data from ECA by a “refresh” function which is user initiated.

• If the “refresh” in the requirement above provided a data change, the document is required to be archived and a new document created with the updated data including the information/detail from the previous document.

• To be able to easily locate the current Assessment and Care Plan documents in ECA for a patient.

• Clearly differentiate between current and archived plans and assessments in a patient administration system by creation date, separating current from archive and a field to see “archive” or “current” type.
That the document management system/process is considered user friendly and easy to use.
Development process

• **Collaborative process to develop template and content**

• Establishing a wide group to have input
  - Clinicians, professions, from various teams, consumers, Kaupapa-based services

• Key tensions in development
  - Highly specified vs **Simple to use**
  - **Trusting clinicians** to do a clinically indicated job vs very structured interview
  - **Generic approach** vs getting required information for specialist services

• Time-consuming process...

• Lots of discussion about content of prompts etc.
Past → Project Requirements → Today

Analysis

Design

- Delay in visibility of documentation into Patient Administration System
- No “living” document
- High clinical and patient safety risk
- No consolidated approach to capturing information
- Multiple document versions in use
- Lack of detailed reporting output

“One Plan”
“One Assessment”

- Consumer focussed
- Customisable templates
- Integration between WTCC & PAS
- “Living” documents
- Version control and auditing
- Enhanced reporting to assist with service management and improvement initiatives
- Ease of access
Link with electronic patient record

- Only launch via ECA (Electronic Patient Record)
  - To enable this being the only access point to client information
  - Part of ECA, rather than a stand-alone system

- Visually be able to see if there is an Assessment or Plan completed
- Visibility of read-only versions to wide audience
- Edit/create functionality restricted
ECA screen
Strengths

• Simple and quick
• Clinician acceptance
• Efficient
• Assessment and Plan available when consumers move between services
RELAPSE PREVENTION/COPING PLAN

What are the triggers and warning signs when things aren't going well?  
Things I/other's will do if triggers/warning signs are present:

What I want to happen if I get unwell:

Plan for people/animals who are dependent on me:

People that I can contact who will support me:

Has a copy of the Go to Plan been given to the person and/or their family?
Mickey’s Go To Plan
Mental Health & Addictions Services

Mickey MOUSE
DOB: 19/10/1924
NHI: TKG1219

The Go To Plan is to outline the reasons you have come to Mental Health & Addictions Services, what goals you (and family) have, and what actions will support these goals. Consider holistic wellbeing – such as in the Te Whare Tapa Wha model, which covers the four taha of wellbeing.

Date: Tuesday, 17 October 2017

People who helped develop this plan: Just John Conneely

Patient did not want to talk to me about his plan.

People I will share this plan with: nobody and everybody and somebody
Reporting

• Took some time to enable reporting (at our end)
• Just developing this now...
• Snapshot:
  • Currently 1430 patients open to MHS, and of these:
    • Completed Assessments: 946 (66%)
    • Completed Plans: 841 (58.8%)
  • Started with new patients had one assessment/one plan
  • Now ALL patients to have completed 1A:1P
Information available in 1A : 1P

**FAMILY VIOLENCE**
- Yes: 29%
- No: 52%
- Not assessed: 18%
- Declined to say: 1%

**PLAN FOR DEPENDENT CHILDREN OR PETS**
- Plan required: 10%
- Not required: 90%
Reporting next steps

- Use the reporting to prompt stronger practice
- Use evidence of engagement
- Completion of assessment and plan for every patient by July 2018
- Screening for Family Violence and others
- Giving written plan to all patients
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