SPGPPS
Private Mental Health Alliance

Australian Medical Association

The Royal Australian and New Zealand College of Psychiatrists

The Royal Australian College of General Practitioners

Mental Health Consumers and Carers

Australian Private Hospitals Association

Australian Health Insurance Association

Australian Government Department of Health and Ageing

Australian Government Department of Veterans' Affairs

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SPGPPS News

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SPGPPS News provides a brief summary of some of the issues being progressed by our Private Mental Health Alliance. As such it is intended to stimulate discussion and debate concerning the delivery of mental health services in the private sector. SPGPPS News does not, therefore, necessarily represent the views of participating organisations, unless otherwise stated. Further information can be obtained from the SPGPPS Website at www.spgpps.com.au, or by contacting the Secretariat on 02 6270 5438.

Strategic Planning Group for Private Psychiatric Services

Editor's Desk

Dr Bill Pring

There have been a number of recent inquiries into, or relevant to, mental health and the private sector that will be reporting their findings this year.

- The *Human Rights and Equal Opportunity Commission* and the *Mental Health Council of Australia* consultation into mental health began late last year and the report should be available by the end of June 2005.
- The *Senate Select Committee on Mental Health* was appointed on 8 March 2005 to inquire into and report by 6 October 2005 on the provision of mental health services in Australia.
- The *House of Representatives Standing Committee on Health and Ageing* is conducting an inquiry into Health Financing. The Committee will be reporting on how the Australian Government can take a leading role in improving the delivery of health care to all Australians.
- The *Human Rights and Equal Opportunity Commission* is conducting an inquiry into equal opportunity in employment and occupation for people with a disability in Australia.
- The Australian Government's *Productivity Commission Health Workforce Study* will examine the issues affecting the health workforce including the supply of, and demand for, health professionals.

We have provided a detailed report on the role of the SPGPPS in the private sector to these critical reviews and participated in the AMA round table discussions concerning the Senate Select Committee on Mental Health.

SPGPPS Annual Progress Report 2004

With the official sign off of the auditors KPMG, the SPGPPS has published its *SPGPPS, its Centralised Data Management Service and the National Network of Private Psychiatric Consumers and Carers, Progress Report 2004.* The full document is an excellent summary of the work of the SPGPPS and our Chair, Dr Yvonne White, provides a snapshot of its content in this issue of *SPGPPS News.*

Innovative Models Working Group (IMWG)

On 7 February 2005, the IMWG held a face-to-face meeting in Canberra to consider the perspectives of SPGPPS stakeholders gathered over 2004, concerning innovative models and how to fund them. The IMWG is working toward the development of a framework with which to consider prospective models of funding and service delivery. The IMWG Chair, Mr Phillip Taylor, provides an overview of the approach the Working Group is taking in the article *Assessing Models of Service Delivery for Private Psychiatric Services.*

Information Strategy Working Group (ISWG)

The ISWG met on 17 March 2005. Two of the on-going activities of this productive group are further detailed in this Newsletter, including a proposal to change the Hospital Casemix Protocol (HCP), and an appropriate mechanism to support training for Hospital staff participating in the SPGPPS Centralised Data Management Service (CDMS).

As the situation currently stands, there is no way to accurately identify the nature of and extent of Outreach Services delivered in the private sector. The only delineation made to the patient's status of 'admitted patient' in in-patient care and 'admitted patient' in Outreach care is the number of days at home, which is woefully inadequate to describe the services rendered.

The second issue tackled recently by the ISWG is training for the staff of Hospitals participating in the CDMS. There is an on-going need for training in the sector to overcome the disruptions caused by staff changes over time and to maintain the quality of outcome measures collection. Given the variability of the sector's needs, the SPGPPS Information Officer has devised a modular approach, which I discuss further in this Issue.

New version of HSMdb

A new version of the Hospitals Standardised Measures database application, HSMdb version 1.6, was distributed to Hospitals participating in the SPGPPS's National Model in March 2005.

This update of the software includes several significant changes, which enable Hospitals to monitor month–to–month changes in collection rates and the timeliness of data entry and select a set of records for review on the basis of a very wide range of administrative, clinical and service utilisation related attributes. The new version also contains a completely revised HCP import and linkage function and modifications to the data entry functions to enable repeated very brief overnight stays for same-day procedures to be more effectively handled.

These changes necessitated an update of the HSMdb User's Guide, but also major changes to the CDMS reporting functions, resulting in a delay in the generation of Standard Quarterly Reports.

National Network

Finally, our *National Network of Private Sector Psychiatric Consumers and their Carers* has been extraordinarily busy developing detailed submissions to the Human Rights and Equal Opportunity Commission's Enquiry into Disability and Employment, the Senate Select Committee on Mental Health, and the House of Representatives Enquiry into Health Financing.

Dr Bill Pring is the Editor of SPGPPS News, the official AMA observer on the SPGPPS, and Chair of the ISWG.

Progress Report 2004

Dr Yvonne White

The SPGPPS recently launched its progress report for 2004. The activity of SPGPPS, its Centralised Data Management Service (CDMS) and the National Network of Private Psychiatric Sector Consumers and Carers (National Network) during 2004 is outlined through this Report.

An Important Source Document

The Progress Report was endorsed at the 39th Meeting of the SPGPPS in March. The Meeting considered that the Progress Report was a significant achievement and an important source document for promulgating the work of the SPGPPS, our CDMS and the National Network.

This is the first Progress Report, to be prepared under the Australian Medical Association's *Agreement for Services 2004-2006*. Under this Agreement, the following stakeholders have supported the continuation of the SPGPPS, CDMS and National Network until December 2006.

1. AMA
2. Royal Australian and New Zealand College of Psychiatrists (RANZCP)
3. Royal Australian College of General Practitioners (RACGP)
4. Australian Private Hospitals Association Limited (APHA)
5. Australian Health Insurance Association (AHIA)
6. Australia Government Department of Health and Ageing (DoHA)
7. Australian Government Department of Veterans' Affairs (DVA)
8. Mental Health Consumers and their Carers
9. Beyondblue

The Progress Report firstly identifies the responsibilities of the AMA in relation to these stakeholders and then divides into three parts.

Part 1 The SPGPPS

Part 1 demonstrates how the SPGPPS process operates to not only better inform each stakeholder's own policy processes, but also to reach agreement on actions that will improve practice, particularly in relation to the following key areas.

- Participation of private sector consumers and carers.
- The funding and uptake of innovative models of service delivery that have been shown to be effective and feasible.
- Flexibility of funding arrangements so that the implementation of appropriate models of care is not inhibited.
- Strong linkages, co-ordination, and continuity of care between GPs, Psychiatrists and private hospitals.
- The quality, availability and utilisation of information regarding private sector mental health services.

Part 2 The CDMS

Part 2 showcases progress with the collection, processing, analysis and reporting on the data submitted by private psychiatric hospitals and private health insurance funds under the:

SPGPPS National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital-based, Psychiatric Services (National Model).

As most readers will know, the majority of Australian private psychiatric hospitals have now implemented the National Model for the purpose of obtaining information to support improvement in the quality, effectiveness and efficiency of the services they provide.

The de-identified data submitted by these hospitals to the CDMS in Canberra forms the basis for Standard Quarterly Reports that are prepared and distributed to participating hospitals and private health insurance funds.

Part 3 The National Network

Part 3 shows how the support of the AMA, RANZCP, APHA, AHIA and beyondblue is enabling privately insured consumers and their carers to participate actively in the improvement of mental health services in the private sector.

The National Network, through the establishment of State and Territory-based committees, is working to better involve consumers and their carers in policy decisions concerning the design, delivery and evaluation of private sector mental health services. The Network also aims to be an effective advocate of their rights and responsibilities.

A copy of the Progress Report can be obtained from the SPGPPS website at

http://www.spgpps.com.au/documents/spgpps/general_documents/Annual_Progress_Report_2004.pdf

Dr White is Chair of the SPGPPS.

Assessing Models of Funding Service Delivery for Private Psychiatric Services

Mr Phillip Taylor

In 2003, the SPGPPS established an Innovative Models Working Group (IMWG) to encourage the uptake of innovative models mental health care and funding in the private sector and to enhance co-ordination of care between general practitioners, psychiatrists and private hospitals.

General Principles and Recommendations

To achieve that goal, the IMWG developed a set of *General Principles and Recommendations*, which were endorsed and adopted by the SPGPPS in June 2003. These General Principles supported the substitution of overnight admitted patient care with less restrictive models of care, where those less restrictive models of care resulted in the improvement, or at the very least maintenance, of the quality of patient care and the overall cost–effectiveness of service provision.

In progressing the *SPGPPS General Principles and Recommendations*, it became clear that markedly different views were held in the private sector concerning the practicality, efficacy and feasibility of such models. In response, the SPGPPS significantly broadened the IMWG Terms of Reference in 2004 to increase the focus on the merits, or otherwise, of different models of care and funding and the barriers to their uptake in the private sector.

Stakeholder Perspectives

The IMWG subsequently invited providers, funders, and consumers and their carers, to put their case on alternative models of mental health care and funding to the SPGPPS. At the 36th SPGPPS Meeting, held in March 2004, Health Funds provided their perspective. This was followed by presentation of psychiatrist's perspectives, and that of consumers and their carers, at the 37th Meeting of the SPGPPS in September. Hospitals and the Department of Veteran's Affairs presented their perspectives in November, at the 38th SPGPPS Meeting. Some of the funding models explored in these presentations included the following.

- Program-based Payment
- Prospective Payment
- Case Management

On 7 February 2005, the IMWG met in Canberra to analyse all the stakeholder perspectives. The outcome of that meeting was agreement to prepare a discussion paper, for the SPGPPS that identifies and discusses funding arrangements that can:

- reduce incentives for inpatient care;
- increase incentives for alternative models to inpatient care;
- provide training in best practice alternatives; and
- meet the desired needs of consumers and their carers.

39th SPGPPS Meeting

On 18 March 2005, the 39th SPGPPS Meeting considered the development of the Discussion Paper in great detail. Many of the fundamentals underlying why there is an impetus to change the system were considered including:

- why innovation is necessary;
- the increasing costs in all areas of health care; and
- how psychiatry is performing in relation to its costs to private health insurance funds.

The Meeting acknowledged the funding issue for private health insurance funds is the same as it is for Governments. While it is relatively easy for funders to determine what percentage of their overall health budget ***is*** spent on mental health, this does not answer the question of what percentage ***should*** be spent on mental health. This prompted a discussion on the importance of the IMWG looking beyond the constraints of current thinking to other ways of delivering services relevant to consumers and their carers.

The SPGPPS has asked that the Private Health Insurance Administration Council (PHIAC) be involved in the work of the IMWG, particularly if changes to the way services are funded are to be proposed in the Discussion Paper. PHIAC looks after the financial viability of private health insurance funds and, in particular, the re-insurance arrangements.

Next Steps

At the follow-up teleconference held on April 12 2005, the IMWG further refined what direction the group would take in development of the Discussion Paper. It was agreed that a sharper focus on the expectations of consumers and their carers and clinician perspectives, built around two or three models of funding, was required. The Discussion Paper will be further developed at a face-to-face meeting of the IMWG to be held on 15 June 2005 in Canberra.

Mr Phillip Taylor is SPGPPS Executive Officer and Chairs the IMWG.

Identifying Episodes of Outreach Services Accurately

Mr Allen Morris-Yates

There is considerable variation in the way some facilities report "Outreach care" in the Hospital Casemix Protocol (HCP). Some classify it as Home Nursing Care/community, some as Hospital-in-the-Home and, in at least one case, as episodes of overnight inpatient care in the HCP data.

Taken together, these variations in reporting practices mean that it is not possible to definitively identify either episodes of "Outreach care" or Occasions of Service for "Outreach care". This serious issue arises, in part because the current Legislation and Regulations do not provide any guidance as to exactly how Outreach Care should be identified within the HCP.

Difficulties with the existing requirements for recording Outreach care under the HCP

There are a number of significant difficulties with the existing protocol.

- At present, no Hospitals record Days spent at home, so consequently Days spent at home are included in the Length of stay. The result is that, for Hospitals that record whole episodes of Outreach care as a single episodes of admitted Overnight care, their reported average Length of Stay will be biased by the inclusion of often very long episodes of Outreach care.
- The recommended protocol does not address readmission to actual overnight inpatient care in hospital. Under the recommended protocol the Patient is already in Inpatient care.
- The recommended protocol is inconsistent with the protocols guiding the collection of National Minimum Data Sets and the very detailed data collection protocols specified under the agreed National Outcomes and Casemix Collection (NOCC) currently being implemented by public sector mental health services in all Jurisdictions.
- It is not possible to identify either the volume, intensity or frequency of care provided during Outreach care
- The current specification of the HCP allows only a two character-width field for the recording of Total Days Spent At Home. It is therefore not possible to correctly record the duration of any episode of Outreach care longer than 99 days in duration.

SPGPPS Proposes an alternative approach

Given the above, the SPGPPS has recommended that an alternative protocol for data collection is required. The alternative must not violate the principal enacted in legislation that patients in receipt of approved Outreach services must be Admitted patients. At the same time, an alternative protocol should enable episodes of Overnight Inpatient Care to be reliably identified and distinguished from periods when the admitted patient is in receipt of Outreach care. And ideally, an alternative protocol would enable the volume, intensity or frequency of Occasions of Service provided during periods of Outreach care to be captured.

The SPGPPS has recommended that an alternative protocol based on relatively minor modifications to the existing HCP can meet all the above requirements.

Current HCP specifications

The current HCP specification identifies three different types of episode as follows.

- Overnight inpatient care (Sameday status = 2)
- Overnight inpatient care for a procedure normally performed on a sameday basis (Sameday status = 0)
- Sameday care (Sameday status = 1).

Each such type of episode is defined by a number of key data elements, including admission date, admission time, separation date, separation time, sameday status (identifies the type of episode), total leave days, total days of psychiatric care and total days spent at home.

Extending the specification

The domain of the data element Sameday status can be expanded to include an additional type of episode of admitted patient care described as "Occasion of outreach service" with the code value of "3". Each visit to the patient that would attract the payment of a benefit under an approved Outreach programme would be recorded under the HCP as an instance of this type of episode of admitted patient care. The Admission and Separation date and time for each episode would represent the date, start and finish time of each occasion. Total days spent at home would be coded 1 and Total days of psychiatric care would be coded 1. The diagnosis or diagnoses responsible for occasioning the provision of Outreach care to the Patient's would be coded as the Diagnosis or Diagnoses associated with each record. Specific therapeutic interventions performed on any given visit could also be coded as Procedures.

From the perspective of the Outcome Measures protocol defined under the SPGPPS's National Model, the episode of Outreach care would begin with the first visit following discharge from Overnight inpatient care. The episode would end with the last visit identified as an Outreach visit or, if the patient were re–admitted to Overnight inpatient care, with the Outreach visit immediately preceding that admission. The APHA Psychiatric Sub-committee has endorsed these proposed changes.

The proposal has been forwarded to the Department of Health and Ageing, Private Health Industry Branch for consideration as part of the current review of the HCP.

Mr Allen Morris-Yates is the SPGPPS Information Officer

A Modular Approach to Training for Hospital Staff

Dr Bill Pring

The training needs for private hospitals with psychiatric beds (Hospitals) participating in the SPGPPS Centralised Data Management Service (CDMS), are not uniform. Some staff would benefit from basic training in the collection of data and the use of the HoNOS, whilst others would benefit from an opportunity to revise the HoNOS and discuss more complex data collection and clinical rating scenarios.

Similarly, Hospitals' training needs for the use of HSMdb and interpretation of the Standard Quarterly Reports also vary. In quite a few cases, particularly for the larger facilities, Hospitals' have some staff who would benefit from basic training and others who would benefit from an opportunity for more advanced training and discussion of issues with peers from other Hospitals.

In addition to the basic training in use of the HoNOS and use of the HSMdb, Hospitals have also asked for additional training in the interpretation and use of the information contained in the Standard Quarterly Reports and the use of the new report features in HSMdb.

Accordingly, the following modular training model has been proposed to meet the above training needs.

Module 1. Basic training in the HoNOS and the Standard data collection protocols.

The topics to be covered within this module would include why the data is being collected and what it is used for, data collection protocol, offering the self–report measure, initial review of each HoNOS item, and rating practice through completion of two of the standard narrative vignettes.

Module 2. Revision of HoNOS and discussion of unusual or complex cases and other issues

This module would be designed to provide refresher training for staff who have previously participated in standard training. Accordingly, this module would be less structured than Module 1. The first part of the session would be devoted to a structured review of the Standard data collection protocol, the collection of the Self–report measure, and the HoNOS rating principles. The remainder of the session would be devoted to a guided discussion of the issues raised by participants and other potential problems.

Module 3 Basic training in the use of HSMdb

This module would be designed for new staff who have not previously been trained in the use of HSMdb. It would cover all aspects of the entry of data into HSMdb, some aspects of the importation and linkage of HCP data, and the creation and submission of data extracts to the CDMS.

Module 4. Advanced use of HSMdb

This module would be designed for staff who have been using HSMdb and for other senior staff who may wish to make use of the new reporting features found in HSMdb. Although the focus of this session would be on HSMdb's reporting functions, other new features in HSMdb would also be discussed.

This module would be offered in a less structured manner than its basic counterpart. The first part of the session would be devoted to a structured review of the reporting functions in HSMdb. The remainder of the session would be devoted to a guided discussion and exploration of how the data in HSMdb and the information in the Standard Quarterly Reports can be used. On completing this module, participants should have a clear understanding of how HSMdb can be used to obtain reports for various purposes such as contract negotiation and clinical quality improvement. They should also have made useful contacts among their peers at other Hospitals.

Module 5 Interpretation of Standard Quarterly Reports and Aggregate statistical reports from HSMdb

This module would be designed for senior staff who receive or make use of the Standard Quarterly Reports provided to Hospitals by the SPGPPS's CDMS. Although the focus of this session would be on these Reports, the preparation and use of the Aggregate statistical reports from HSMdb in association with them would also be discussed.

On completing this module, participants should have a clear understanding of what information is contained within the Standard Quarterly Reports, what it means, how it can be interpreted, and what its limitations are. They may also have made useful contacts among their peers at other Hospitals. Time would be allowed for the discussion of other issues.

Proposed model for the conduct of the sessions

It is assumed that different staff members from each Hospital are likely to benefit from one or more of the modules. Also, the full five modules cannot be delivered in a single day. One possible solution could be for Mr Morris-Yates to spend 4 days in each of the three major capital cities – Brisbane, Melbourne and Sydney – during which each of the modules will be offered in 2–hour sessions on two occasions. The full four-day programme might then enable staff to attend either a morning or afternoon session for Modules 1 to 4. Module 5 would be run on two occasions in the early evening.

Recommendations

Before embarking on the development of the proposed training modules two steps need to be completed to ensure that the proposed set of training modules and session times are likely to meet Hospitals' needs. First, the APHA Psychiatric Committee is reviewing a detailed proposal. Second, participating Hospitals should be surveyed as to their views regarding the proposed training.

Distribution of a New Version of the Hospital's Standardised Measures database Application (HSMdb) to Participating Hospitals

Mr Allen Morris-Yates

A new version of the Hospitals Standardised Measures database application, HSMdb version 1.6, was distributed to Hospitals participating in the SPGPPS's National Model in March 2005.

This update of the software includes several significant enhancements to the reporting functions within HSMdb. These include:

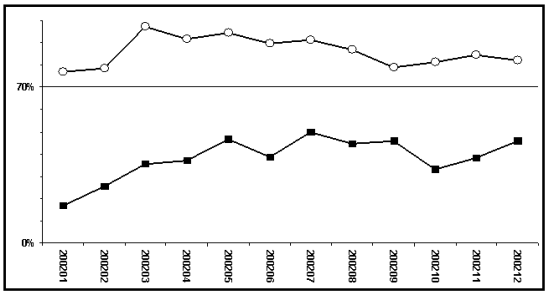
- An enhanced reporting function designed to enable Hospitals to monitor month–to–month changes in collection rates and the timeliness of data entry,
- A completely new Clinical Review function that enables a set of records to be selected for review on the basis of a very wide range of administrative, clinical and service utilisation related attributes.
- A completely new function enabling the preparation of aggregate statistical reports for various purposes.

This new version of HSMdb also includes modifications to the data entry and the Hospital Casemix protocol (HCP) record linkage functions to enable repeated very brief overnight stays for same-day procedures to be more effectively handled. Major changes have also been made to the HCP linkage function's report regarding problems with the linkage of data. The resulting reports should now be substantially easier to use.

Enhancements to the Data Collection Statistics report

The revised Data Collection Statistics Report provides detailed aggregate statistics about the completion of the HoNOS and the MHQ-14. These statistics may indicate the extent to which the information contained in the database and the various aggregate statistical reports derived from that information can be relied upon. Certain key statistics are presented in a graphical format (an example is shown in the following figure).

Figure 1: Pairwise (A+D) completion rates for HoNOS (circles) and MHQ-14 (squares) in separations from Overnight Inpatient Care completed within the identified 12 month period.



More generally, all the statistics contained in the report are presented in the form of tabulated time series over a 12-month period, with stratification either by month or by quarter within that 12 month period.

The configuration of the report, and detailed guidelines for its interpretation, have been included in the updated HSMdb System User's Guide.

New functions and reports to assist in Clinical Review

The new Clinical Review functions in HSMdb have been designed to enable several different tasks to be completed. These include:

- ***Quality improvement***. For example, the clinical review function may be used to identify patients with specified characteristic patterns of service utilisation or clinical profiles so that the details of their care may be more closely examined.
- ***Contractual reporting requirements***. By selecting the appropriate Administrative criteria (Reference Period and Responsible Payer) then selecting the required aggregate statistical analyses, much of the information needed for a standard report that might be requested by a Health insurance fund or Other payer can be obtained.
- ***Evaluation of new or existing clinical programmes***. If the Service Unit identification field, or one of the Local data item fields, has been used to identify episodes of care that involved patients' participation in a specific clinical programme then it will be possible to obtain aggregate statistics regarding that clinical programme.
- ***Provision of aggregate statistical information to Treating psychiarists***. If patients' treating psychiatrists are identified at Admission occasions within HSMdb, then listings and aggregate statistics for each treating psychiatrists' patients can be obtained for any specified Reference Period.

The aggregate statistical reports include information similar to, though somewhat more detailed than, that contained in the current version of the Hospitals' Standard Quarterly Reports provide by the CDMS.

The reports available from HSMdb's Clinical Review function include detailed HoNOS Item Profiles, a Diagnostic profile, and a detailed Clinical profile that includes demographic statistics (Age group by Sex), Service utilisation details, and both HoNOS and MHQ-14 summary score profiles at Admission and Discharge from episodes of Overnight inpatient care.

These various sets of aggregate statistics may then be stratified by Mental health diagnostic groups, the Responsible ward or unit, or by patients' Treating psychiatrist.

Included below is an example of a page from a report showing a comprehensive clinical profile.

Table 2 Comprehensive Clinical Profile in respect of completed episodes of Overnight Inpatient Care for All Patients in All Mental Health Diagnostic Groups.

Demographic Profile

Age Group:			0 - 14 yrs		15 - 24 yrs		25 - 44 yrs		45-65 yrs		65+ yrs	
Sex:	N	%	N	%	N	%	N	%	N	%	N	%
Male	68	22%	0	0%	10	3%	27	9%	28	9%	3	1%
Female	236	78%	0	0%	25	8%	104	34%	90	30%	17	6%
Total	304		0	0%	35	12%	131	43%	118	39%	20	7%

HoNOS (Clinician rating) Summary Scores

		Behavioural problems	Impairment	Symptomatic problems	Social problems	Total Score
	N of available observations	mean s.d. 95% c.i.	mean s.d. 95% c.i.	mean s.d. 95% c.i.	mean s.d. 95% c.i.	mean s.d. 95% c.i.
Admission	260	2.6 2.5 2.3 2.9	1.9 1.8 1.7 2.1	5.0 1.9 4.8 5.2	1.7 1.5 1.5 1.9	11.7 5.6 11.1 12.4
Discharge	271	0.8 1.4 0.7 1.0	1.1 1.4 1.0 1.3	2.5 1.8 2.2 2.7	1.8 2.1 1.6 2.1	5.6 4.1 5.1 6.1
Change (E.S.)	248	0.78 1.05 0.65 0.91	0.50 0.99 0.38 0.63	1.23 1.13 1.09 1.37	0.42 0.74 0.33 0.51	1.23 1.11 1.10 1.37

MHQ-14 (Patient self-report) Summary Scores

		Vitality	Social Functioning	Role Functioning - Emotional	Mental Health
	N of available observations	mean s.d. 95% c.i.	mean s.d. 95% c.i.	mean s.d. 95% c.i.	mean s.d. 95% c.i.
Admission	218	28 23 25 31	29 27 26 33	20 33 16 24	32 23 29 35
Discharge	174	52 26 48 56	60 27 56 64	58 42 51 64	59 24 56 63
Change (E.S.)	150	1.08 1.25 0.88 1.28	1.15 1.33 0.94 1.36	1.29 1.69 1.02 1.56	1.23 1.27 1.03 1.44

Service Utilisation

Number of Separations 304

Length of Stay	mean s.d. c.v.	Frequency distribution				
Days (minus Leave days and Days spent at home)	95% c.i.	1 - 2	3 - 7	8 - 21	22 - 35	35+
	17 17 1.00 15 19	13%	23%	38%	14%	13%

Re-Admissions	28 days	91 days (3 months)	273 days (9 months)
% of episodes preceeded by another within the specified interval (brief episodes excluded)	18%	30%	34%

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Aggregate Statistics for Patients from Clinical Review (Report version 1.520) Printed 12/12/2004

Updated versions of the HSMdb System User's Guide and the Implementation Guide

The changes and enhancements to HSMdb have been documented in a new revised version of the HSMdb System User's Guide. The guide now includes detailed advice on the use of HSMdb in the management of the data collection process, the use of HSMdb to assist in various aspects of clinical review, the use of the revised HCP import and linkage functions, and completely revised installation instructions.

Both the System User's Guide and the Implementation Guide now include a comprehensive description of the most current version of the standard data collection protocol. This includes advice as to how the protocol should be implemented in certain complex or unusual cases.

These and other related documents can be found in PDF format on the HSMdb Version 1.6 distribution CD.

Further information or assistance with the use of HSMdb

In my role as the SPGPPS's Information Officer I am always ready to assist with answers to questions regarding the use of this new version of HSMdb, any aspect of the implementation of the SPGPPS's National Model, or the interpretation and use of the Standard Quarterly Reports provided to participating Hospitals by the CDMS.

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