



Service Priorities and Programmes Electronic Presentations

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A new CMS module for supporting another milestone of Community Psychiatric Service (CPS) to achieve better, more comprehensive service

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Introduction

Shifting the focus of mental health service provision from hospital to community was an international trend that aimed to prevent avoidable hospitalization. In Hospital Authority (HA), Personalised Care Programme (PCP) was launched since 2010/11 for patients with severe mental illness (SMI). A new CMS module, Psychiatric Clinical Information System (PsyCIS) Community Module, was developed as an electronic platform to support implementation of this corporate initiative.

Objectives

This PsyCIS Community Module would allow integration of workflow; comprehensive documentation and clinical information sharing between case officer and the community team. When comparing with the old system, it would help in standardizing data definition and thus, facilitating generation of key performance indicator and future outcome evaluation. Ultimately, it would contribute to the formulation of corporate-wide evidence-based management for SMI patients. PsyCIS Community Module would be implemented in a phased approach aligned with PCP rollout schedule.

Methodology

The PsyCIS Community Module was piloted at one regional psychiatric hospital in April 2013. It comprised of four major sections: 1. Community Form A/B and Family Data Community Form A/B contained crucial patient data like Psychiatric Diagnosis, Special Care System Status, Care Plan, CPS referral and termination information; whereas information of patient's next-of-kin would be documented in Family Data. This would provide comprehensive information about patient and his/her family, and facilitate formulation of patient-specific care plan. 2. Community Note This was the progress note completed by case manager after each visit. Type of visit, intervention provided and plan of management would be documented here. Through reviewing type of visit, new key performance indicator for community psychiatry service could be

captured. 3. Assessment tools Major assessment tools included were “Risk Profile” for assessing patient’s tendency on violence, suicide, and neglect; and “Camberwell Needs Assessment” which facilitated patient’s needs from his/her own perspective, or that from staff or carer. Other available clinical assessment tools were HoNOS, SOFAS, BPRS and PANSS. Case managers would fill in these assessments whenever indicated. 4. Reports Various Community Case Lists and Activity Report would be generated to support CPS operation. These new reports provided factual information on case distribution down to CPS case manager or office level.

Result

Currently 5 out of 7 clusters have this PsyCIS Community Module implemented, with tentative full rollout within 2013/14. Feedback from case managers would be collected for system improvement. Future enhancements included uploading three documents to electronic Patient Record (ePR) for better information sharing; facilitating seamless referral to Mental Health Direct as extension of care for CPS step-down cases; and further expand the system to cover Early Assessment Service for Young People with Psychosis (EASY).