

# AODS into CIMHA 5.0

Introduction September 2019



Improvement | Transparency | Patient Safety | Clinician Leadership | Innovation

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# Key Messages

- In the second half of 2020 CIMHA 5.0 will assume the AODS information requirements
- The delivery of the AODS clinical and business requirements into CIMHA is identified as a priority in [\*Connecting Care to Recovery 2016 – 2021\*](#)
- The 5.0 changes to CIMHA have been approved by the Director-General and include the collection of NMDS information and the new QOTP prescription requirements
- In 5.0 mental health and AODS Encounters will be listed together in a single consumer record meaning that all consumer information will be available to all CIMHA users
- New AODS Teams and Treating Units will be established and the reference tables updated
- ATODS-IS will be made 'read only' and key information will be migrated into CIMHA to ensure continuity of care
- A Change Plan has been developed to ensure all AOD service providers are ready for 5.0

# Expected Benefits for CIMHA 5.0

- One login
- Able to access and input into any consumer's AODS or mental health Encounter
- Promotes continuity of care
- Improves the structural integration of AODS and mental health services ([\*Connecting Care to Recovery 2016 – 2021\*](#))
- Aligns with the [\*AODS Model of Service\*](#)
- Supports new QOTP legislation
- Delivers the new integrated documentation suite
- Enables access to timely and accurate reporting of AODS data entered after CIMHA 5.0 is implemented
- Provides AODS with a stable and reliable system capable of future enhancements

# What's different?

Just about everything. Here are the top 10...

1. Terminology
2. Teams and Treating Units
3. Referrals, Service Episodes, Encounters, and Engagements
4. Standard Business Rules
5. Integrated clinical documentation suite
6. Recording ICD10-AM diagnosis
7. Provision of Service (POS)
8. Case Review
9. DABIT entry
10. QOTP Prescriptions

# 1. Terminology

- Consumer ~~Client~~
- Network supports workflow, business rules, and validation →
- Referrals ~~Triage, Interim Clients~~
- Service Episode ~~Treatment Episodes~~
- Encounters
- Provision of Service (POS) ~~Service Contact~~
- Team ~~Agency~~
- Treating Unit ~~Agency~~
- Engagements ~~QOTP, P/C Diversion, QMerit Treatment Episodes~~
- Clinical Notes ~~Chart Notes, uploaded documents, Initial Assessment, brief intervention~~
- Principal Service Provider (PSP) ~~Case Manager~~
- QOTP Prescription ~~Written Instruction~~
- Treatment Details ~~Program Assessment~~

Hospital and Health Service	Network
Cairns and Hinterland	Cairns
Torres and Cape	
Central Queensland	Central Queensland
Central West	
Children's Health Queensland	Children's Health
Darling Downs	Toowoomba
South West	
Gold Coast	Gold Coast
Mackay	Mackay
Metro North	Redcliffe-Caboolture
	Royal Brisbane Hospital
	Prince Charles Hospital
Metro South	Metro South
Sunshine Coast	Sunshine Coast
Townsville	Townsville
North West	
West Moreton	West Moreton
Wide Bay	Wide Bay

## 2. Treating Unit and Team

### Treating Unit

The component of the service that has primary responsibility for providing and coordinating a consumer's treatment or care

Active consumers are attached to a Treating Unit

The type of interventions provided for a consumer by a clinician(s) is not limited by the Treating Unit of the consumer or the Team of the clinician

### Team

A group of service providers responsible for delivering a particular component of coordinated care

Each team contains one or more clinicians

Clinicians may belong to more than one Team

Clinicians from any Team may record activity for consumers attached to any Treating Unit

# Example: Treating Unit verses Team

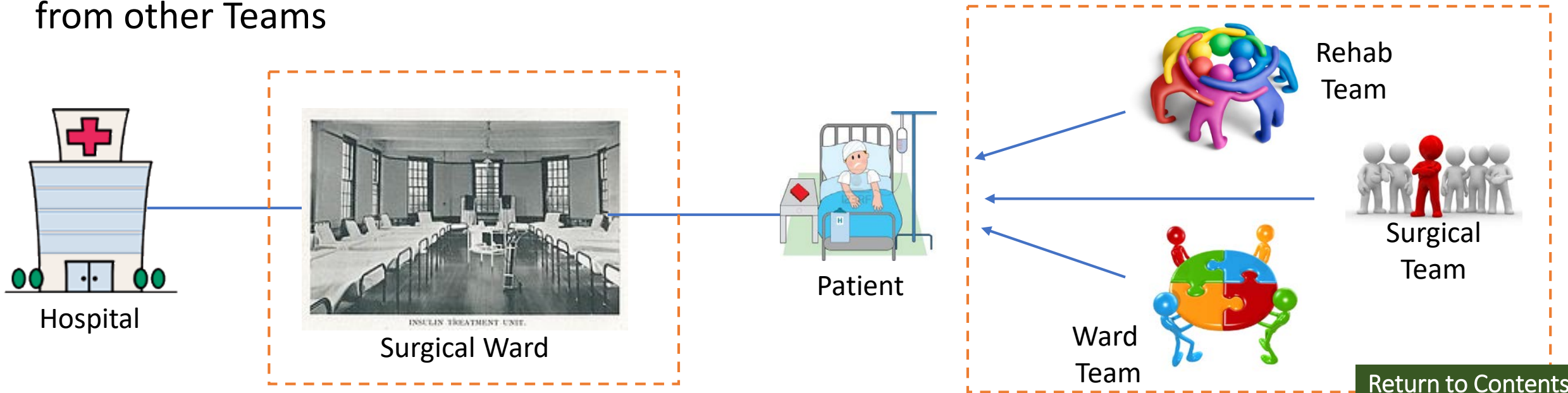
Hospitals are made up of wards

Wards contain patients

Patients in wards receive services from ward staff as well as clinicians from other parts of the hospital

A ward is equivalent to a Treating Unit

A patient in a ward receive services from a Team of staff based in the ward and clinicians from other Teams





# 3. Referrals, Service Episodes & Engagements

## Referral

Records the entry of the consumer into the Network

Only one AODS Referral per Network at a time

## Service Episode

Opened after an assessment if further contact with the consumer is planned

Only one AODS Service Episode may be open at a time

An AODS and a mental health Service Episode may be open at the same time

## Encounter

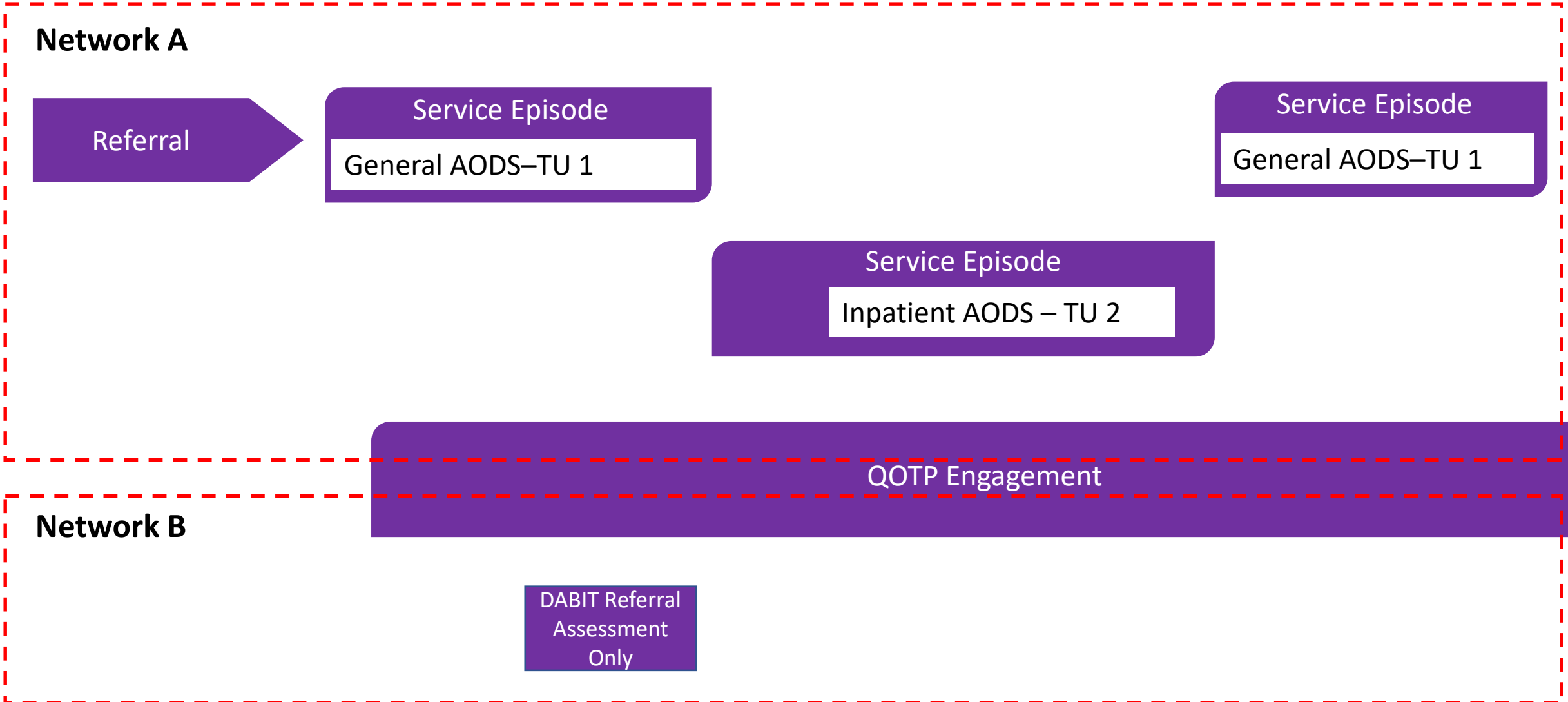
A terms used to describe both Referrals and Service Episodes

## Engagement

A course of treatment started within a Referral or Service Episode that may continue across episodes or Networks

Engagements will include QOTP, QMerit and P/C Diversion

# 3. Referrals, Service Episodes & Engagements



## 4. Standard Business Processes/Rules

Standard Business Processes/Rules provide guidance to users on when and how to interact with the system at key points to ensure standardised actions and entry of information across the state

The existing CIMHA standard business processes will apply to AODS

<https://qheps.health.qld.gov.au/mentalhealth/cimha/business-rules>

or search for “CIMHA Business Rules”. Examples include:

- Registration
- Recording Referrals
- Recording Service Episodes
- Entry of clinical notes
- Entry of POS
- Entry of Diagnosis
- Entry of Alerts

# 5. Integrated clinical documentation suite

Fully integrated (AODS and mental health)

Similar to the current clinical documentation suite in CIMHA

Core templates include:

- Triage Screen
- Child and youth substance use and addictive behaviour screen
- Substance use and addictive behaviour screen
- Physical health screen
- Focussed assessment
- Focussed assessment plus substance use
- Focussed physical assessment
- Risk screen
- Substance use assessment
- Child and youth mental health assessment
- Comprehensive assessment
- Physical assessment
- Longitudinal Summary
- Care plan
- Case review
- Transfer of care

Full suite will be made available with a User Guide early in 2020

For implementation with CIMHA 5.0 in mid-2020

## 6. Recording ICD10-AM diagnosis

The *National Safety and Quality Health Service Standards 2nd Ed* identifies clinical assessment and diagnosis as the first of the essential elements for comprehensive care delivery

All AOD and MH clinical staff are expected to have or to develop skills in the assessment and the ability to formulate a provisional diagnosis which can be discussed and confirmed in a multidisciplinary case review meeting

In CIMHA a primary ICD-10am diagnosis “*chiefly responsible for causing the interaction with a health service*” is required for an open Service Episode

Multiple secondary diagnoses may also be recorded

Diagnosis entries must be reviewed at least every 91 days

# 7. Provision of Service (POS)

The provision of a clinically significant intervention(s) by a service provider(s) for a consumer which results in a dated entry being made in the consumer's clinical record

Non-clinical services or services provided for unidentified individual(s) may be recorded as Non-Consumer Related Activities (NCRA)

The POS interventions list will be reviewed to ensure AODS requirements are met

The minimum requirements for POS entry by AODS providers is currently under development

## 8. Case Review

The [AODS Model of Service](#) and the [The National Standards for Mental Health Services 2010](#) (which also apply for AOD services) require regular Case Review

A Case Review is usually conducted by a multidisciplinary team, where they convene to discuss the consumers current condition, circumstances, and response to previous interventions; and based on this discussion make recommendations for ongoing care.

A Case Review POS must be planned/scheduled in CIMHA when a Service Episode is started

CIMHA requires a Case Review POS be recorded at least every 91 days

Case Review POS in CIMHA allows for the recording of multiple consumer and clinicians with discrete intervention times for each

## 9. DABIT

The Brief Intervention screens in ATODS-IS are not replicated in CIMHA 5.0

DABIT will have full access to record Referrals, POS, Clinical Notes and NCRA

The CIMHA Business Rules will apply to DABIT services (e.g. when to start a Service Episode)



# 10. QOTP

- *New Medicines and Poisons Act* awaiting approval
- *Medicines and Poisons Regulations* are still under development
- Many similarities between Written Instructions and QOTP Prescriptions
- Prescription functionality to be purpose built just for QOTP
- QOTP to be ordered by prescription (with a specific format, no special paper)
- QOTP Prescriptions may be for up to 100 days into the future (to be confirmed)
- QOTP Prescriptions will be electronically signed in CIMHA like Mental Health Act 2016 forms
- The legal “signed” version of the QOTP Prescription will be in CIMHA
- Each QOTP Prescription will have a unique ID #
- QOTP Prescriptions cannot be deleted once e-signed

# 10. QOTP (continued)

- QOTP Prescriptions can only be printed once e-signed
- Printed copies of QOTP Prescriptions will still need to be faxed (until pharmacies support secure transfer) and manual signature on these copies may also be required
- Supplemental dosages will result in a separate QOTP Prescription and ID#
- Pre-populated QOTP admission and discharge forms emailed direct from CIMHA to Monitored Medicines Unit (previously MRQ)
- CIMHA can record if QOTP Prescriptions, the introduction letter, and forms have been sent
- The latest QOTP Written Instruction dosages from ATODS-IS will be accessible as a Pre-CIMHA History PDF Note
- On 5.0 go-live QOTP Prescription information will need to be entered from scratch

# Data Migration Plan

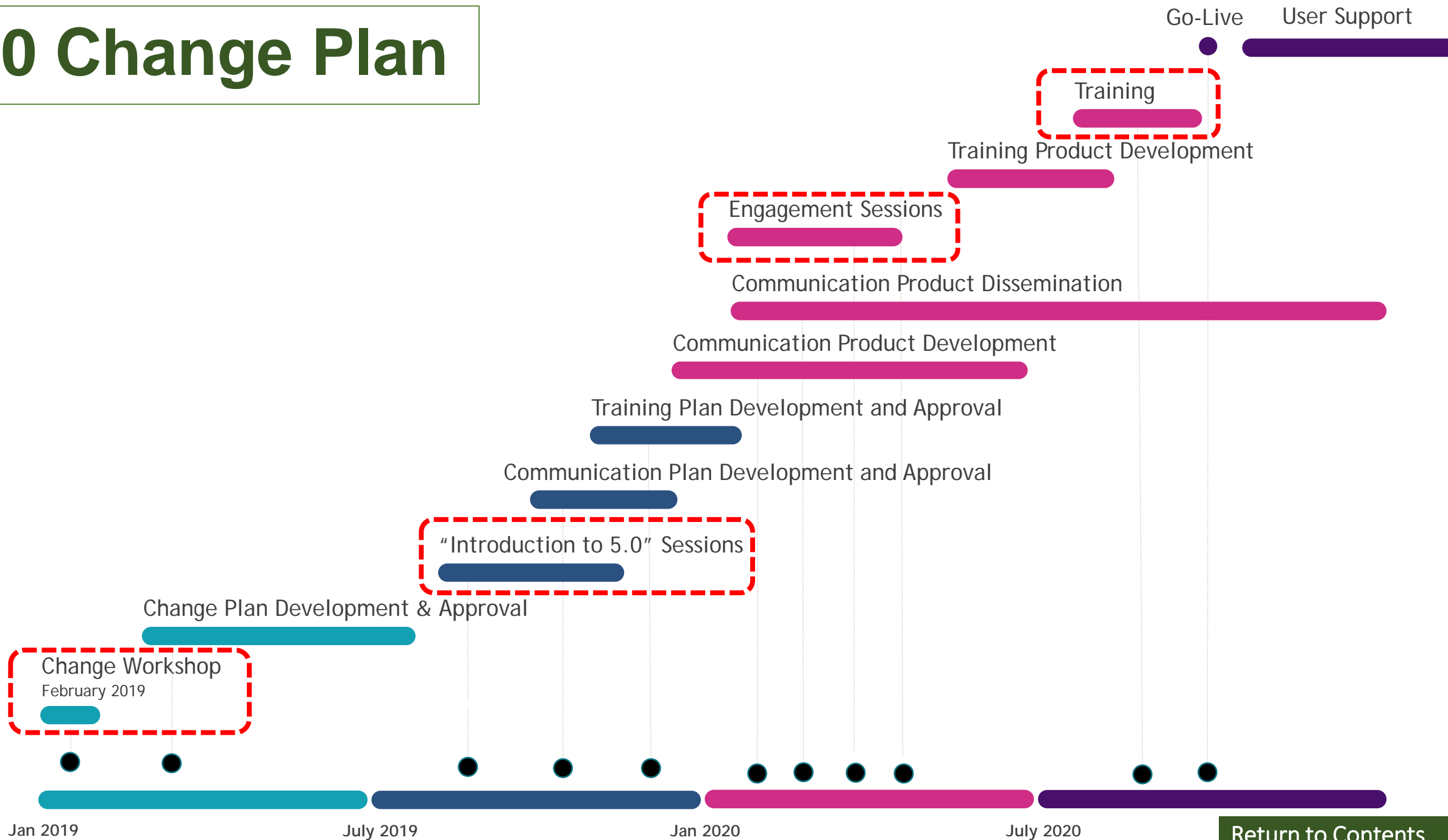
The objective is to promote continuity of care for AODS consumers across the state whilst minimising the risks associated with the transition of data from ATODS-IS to CIMHA 5.0.

- The Client Directory will match ATODS-IS Clients and CIMHA Consumers
- ATODS-IS Clients active in the previous 5 years (to be confirmed) will be migrated as new CIMHA Consumers or added to matching CIMHA Consumers
- ATODS-IS Triages and Treatment Episodes active on migration day will be created as new CIMHA Referrals, Service Episodes, and/or Engagements
- Pre and Post data cleansing activities will be required (e.g. add Medicare No)
- ATODS-IS will be made “read only” for at least 12 months
- Demographic and treatment information from ATODS-IS will be migrated into Pre-CIMHA History PDF Notes

# Data Migration: Pre-CIMHA History PDFs

- ATODS-IS Data Migration Client Demographic Details
- ATODS-IS Data Migration Triage History
- ATODS-IS Data Migration Treatment Episode History
- ATODS-IS Data Migration Initial Assessment History
- ATODS-IS Data Migration Chart Note History
- ATODS-IS Data Migration Service Contact History
- ATODS-IS Data Migration Screening Tool History
- ATODS-IS Data Migration Latest Written Instruction(s)
- ATODS-IS Data Migration Brief Intervention History
- ATODS-IS Data Migration Attached Documents.

# 5.0 Change Plan



# What can you do?

1. Read the [\*AODS Model of Service\*](#)
2. Get a CIMHA user account
3. Become familiar with CIMHA 4.0 (November 30)
4. Browse the [CIMHA Standard Business Rules](#)
5. Keep an eye out for more information

## FAQ: Why is AODS going into a “mental health” system?

The integration of Queensland public mental health and AOD services across the state is intended to achieve a “no wrong door” approach and improve access to collaborative, holistic care for the significant number of people with co-occurring conditions

The inclusion of AODS information requirements in CIMHA supports this integration and was identified as a priority in [Connecting Care to Recovery 2016 – 2021](#)

There are currently no restrictions on mental health clinicians accessing ATODS-IS client information (and vice versa). This will continue in CIMHA 5.0 as all mental health and AODS Encounters will be listed together in a single consumer record that will be available to all CIMHA users

Approval is currently being sought to rename CIMHA to the Consumer Integrated Mental Health Addictions (CIMHA) system. This simple but significant change acknowledges the important extension of the application whilst minimising additional redevelopment expenditure

## **FAQ: Will there be appointment scheduling in CIMHA 5.0?**

No. The appointment scheduling functionality as implemented in ATODS-IS will not be available in CIMHA 5.0.

There was extensive investigation and analysis of the potential for including an appointment functionality in CIMHA to address this requirement for AODS. Ultimately it was revealed that, although some services have embedded the ATODS-IS appointment scheduling functionality into their workflow, there are some AODS services who use other processes (Outlook, ESM, HBCIS) for the scheduling and management of appointments. Furthermore it was clear that even if this capability was added into CIMHA 5.0 these sites would not utilise it, instead continuing to use their current process. Based on this information the AODS Co-Design Advisory Group agreed that this capability should be de-scoped from CIMHA 5.0.

It is recommended that AODS Service who have embedded the ATODS-IS appointment functions into their routine workflows should explore the implementation of alternative capability prior to the implementation of 5.0.



## **FAQ: Will AODS have access to Outcome Measures?**

Yes. The Australian Treatment Outcomes Profile (ATOP) will be available to be completed as a clinical note template within CIMHA 5.0.

The measures implemented in the Outcomes module within CIMHA (e.g. HoNOS, LSP-16 etc) are only required for consumers with mental health Service Episodes.

## FAQ: Will 5.0 have additional AODS KPIs or “packages”?

No. The implementation of CIMHA 5.0 will not include any new AODS KPIs in addition to the two existing AODS KPIs:

- Proportion of community alcohol and other drug treatment episodes completed as planned
- Average length of completed community alcohol and other drug treatment episodes

Future indicator development will occur following the CIMHA upgrade, with initial activity focusing on improving the comprehensiveness and quality of AODS data

The Community Mental Health Packages of Care Model only relate to mental health consumers in the community