Computerized daily patient monitoring improves outcomes in acute psychiatric care

Geoff Hooke & Andrew Page
Our Journey

- From Outcome Measurement to Daily Monitoring - crucial to outcome
- Individualized approach that is customizable
- Engaging Staff and Patients
Information Flow

- Admission form
- HCP Data
- Epicor Financials
- PCRoster
- PC Books
- Touchscreens at point of care
- Riskman
- MiPad system
  - Inpatient in room iPad service
- PCMIS
  - ePAS epasProd.Ink
- Electronic follow up Questionnaires SMS, Email
- CDMS data
- SPSS
- Intranet Dashboard (PCOSS)
- PCTherapy
Outcomes at Perth Clinic

Getting Better Quicker

Source: Strategic Planning Group for Private Psychiatric Services, Twelve months preceding Second Quarter of FY 2009-010
Need for monitoring progress

Illustrative Patient

Inpatient Stay

Admission

Pre-CBT

Discharge

Post-CBT

Daypatient Rx

Acute Treatment Groups

Cognitive-Behavioural Treatment

HoNOS DASS MH-14 QOL Audit

HoNOS DASS MH-14 RSES LCB

HoNOS DASS MH-14 QOL POC

HoNOS DASS MH-14 RSES LCB CBT-POC

HoNOS DASS MH-14 RSES LCB (RAS)

Daily Symptom Monitoring
End of treatment, follow up Graphs

**Graph Description**

- **Name (RWU)**
- **201145**
- **GH / MFRI**

**Data Points**

- **PR, 21-Nov-2011**
- **PO, 02-Dec-2011**
- **6W, 13-Jan-2012**
- **3M, 15-Feb-2012**
- **PR, 08-Mar-2012**

**Legend**

- **DASS - Depression**
- **DASS - Anxiety**
- **DASS - Stress**
- **Locus**
- **Self Esteem**

**Measure Definitions**

- **DASS - Depression**
  - 0 - 9: Normal
  - 10 - 13: Mild
  - 14 - 20: Moderate
  - 21 - 27: Severe
  - 28+: Extremely Severe

- **DASS - Anxiety**
  - 0 - 7: Normal
  - 8 - 9: Mild
  - 10 - 14: Moderate
  - 15 - 19: Severe
  - 20+: Extremely Severe

- **DASS - Stress**
  - 0 - 14: Normal
  - 15 - 18: Mild
  - 19 - 25: Moderate
  - 26 - 33: Severe
  - 34+: Extremely Severe

- **Locus**
  - Measure of Locus of Control
  - Belief in your own ability to manage your feelings/future versus out of control.
  - Maximum negative score = 85
  - A decrease in score is an increase in your belief in yourself and your ability to cope.

- **Self Esteem**
  - Measure of Self Esteem
  - An increase in your score is an increase in your self esteem.
  - Maximum positive score = 40
A System was Developed – with Point of Care Access
Feedback

- Feedback can be given at the point of care or in printed form
Provided Access Throughout the Hospital

Live, real time connectivity- MX component, clinical component
Viewed in Nurses station –
  Patient location – group attendance or not
  Patient progress available in number and graph
  Suicide thinking item choice - visible
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Feedback using WHO-5 & DI-5

The Well-being Index is a measure of how you feel on any given day. The higher your score, the better you felt. You may see ups and downs as you go from Day 1 to Day 10 of the CBT program. Ups and downs are expected, but we aim to see you making gains as time goes on. Different people have different graphs, but the shaded band is a guide to predict where we think your scores should be. We are hoping that your scores will lie within the band or maybe even above it. If they are below the band, you may not be improving as we had hoped. Since it is still early in the program there is plenty of time to get back on track. Whatever your score, please talk with your therapists about your progress and together you can make sure that you keep getting the most of the program.
Clinical Discussion

- Useful in handover
- Used in reports and in communication with treatment team
Off Track Learnings
Patient Progress Graph - Combined IP and CBT
How the data helps

- Opens dialog between patient and staff members about progress
- Informs treatment goals and active practice planning
- Suicide data immediately tracked, combined with Categorization from Dr.
- Patterns of graph suggest intervention
Depression results for NOT on track patients

Significant effect:
Vitality,
Role emotion

Newnham, Hooke, Page, *Journal of Affective Disorders*
On Track patients

90% Feedback

82% No Feedback
Did the Trajectories impact treatment Discussions/ Feedback?

![Graph showing Discussions Fostered](image-url)
Customized questionnaires - Use of CBT Skills
Day 1 Score on Suicide Question

Not Known

0

1-2

3

4-5

Estimated Risk of self injury

8%

2%

4%

18%

8%

23%

Day 2 Score on Suicide Question

0-2

3-5

Restifo, Kashyap, Hooke, & Page, 2015
Further Research – Dynamic Questionnaires

- Now developing a dropdown box of 6 further questions to further understand the desire of the person with suicidal thinking.
- If the person answers > 0, then they will get 6 more questions based on our refinement of Joiners work in the Interpersonal model of Suicidality.
Now iPad in every Inpatient Bedroom = 100 Ipads.
Adult Supporter's session this evening at 6:30 pm. Please be available for bedside handover.
My Treatment

Please submit your meal order for tomorrow

Adult Supporter's session this evening at 630pm. Please be available for bedside handover.

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<th>my schedule for today</th>
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<td>Turquoise Group</td>
<td>09:00 - 10:30</td>
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<tr>
<td>Gibson Room</td>
<td>(Phillip May)</td>
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<tr>
<td>Morning Tea</td>
<td>10:30 - 11:00</td>
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<tr>
<td>Turquoise Group</td>
<td>11:00 - 12:30</td>
</tr>
<tr>
<td>Gibson Room</td>
<td>(Phillip May)</td>
</tr>
<tr>
<td>Lunch</td>
<td>12:30 - 13:30</td>
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<tr>
<td>Stress Management</td>
<td>13:30 - 15:00</td>
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<tr>
<td>Coastal Room</td>
<td>(Jessica Lethbridge)</td>
</tr>
<tr>
<td>Afternoon Tea</td>
<td>15:00 - 15:30</td>
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<tr>
<td>Dinner</td>
<td>17:30 - 18:30</td>
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</tbody>
</table>

my treatment goals

- Prefers Joe, 45yr old unemployed actor, 2 children 15 & 19. Recently separated
- Depression and Anxiety. Recent stressors: separation from wife of 20 years. History of

my team

- Raymond Wu
  Treating Psychiatrist
- Jessica Lethbridge
  Stress Management
- Phillip May
  Turquoise Group

my notes (not monitored by staff)

- Ask if I can go to lunch tomorrow with Aunt C
- Should I take magnesium supplement?
TREATMENT GOALS FOR ADELA V


**Identify**
- Outgoing staff greet patient
- Outgoing staff introduces oncoming staff to patient
- Patient name, age and brief introduction made

Demo. Note made during ISOBAR

**Situation**
- Date of admission and working diagnosis
- Clinical condition / mental health assessment as per treatment plan
- What is the reason for admission?
- What are the most important issues for the nurse to be aware of?

Demo. Note made during ISOBAR

**Observations**
- Level of risk (self-harm, suicide, falls etc.)
- Category observations
- Leave status
- Physical issues to be aware of

Demo. Note made during ISOBAR

**Background**
- Current medications, issues with medications, review of medication chart
- Test results, tests to be organised
- Group attendance and review
- Relevant social information

Demo. Note made during ISOBAR

**Treatment Goals for Adela V**

Last - Updated: Today 11:54, Handover: Today 16:58:37 Gh

**Identify**
- Outgoing staff greet patient
- Outgoing staff introduces oncoming staff to patient
- Patient name, age and brief introduction made

Demo. Note made during ISOBAR

**Situation**
- Date of admission and working diagnosis
- Clinical condition / mental health assessment as per treatment plan
- What is the reason for admission?
- What are the most important issues for the nurse to be aware of?

Demo. Note made during ISOBAR

**Observations**
- Level of risk (self-harm, suicide, falls etc.)
- Category observations
- Leave status
- Physical issues to be aware of

Demo. Note made during ISOBAR

**Agree a plan**
- What needs to be completed today?
- What does the patient need to do today?
- What group / therapy / activity is the patient going to do today?

Demo. Note made during ISOBAR

**Feedback**
- Who is responsible for what action?
- Is the patient clear of the plan?

Demo. Note made during ISOBAR
Treatment Goals for Joe B

Last Updated: 14 Sep 15, 14:40

Identify

- Outgoing staff greet patient
- Outgoing staff introduces oncoming staff to patient
- Patient name, age and brief introduction made

Prets Joe. 45 yr old unemployed actor. 2 children 15 & 19. Recently separated

Situation

- Date of admission and working diagnosis
- Clinical condition / mental health assessment as per treatment plan
- What is the reason for admission?
- What are the most important issues for the nurse to be aware of?

Depression and Anxiety. Recent stressors: separation from wife of 20 years. History of

Observations

- Level of risk (self-harm, suicide, falls etc.)
- Category observations
- Leave status
- Physical issues to be aware of

History of DSH. Passive SI and DSH urge presently. 4-6 hours escorted leave. Suffering a

Background

- Current medications, issues with medications, review of medication chart
- Test results, tests to be organised
- Group attendance and review
- Relevant social information

Nil issues with current medications. Attending turquoise group today. Taking Medicine.

Agree a plan

- What needs to happen today?
- What does the patient need the nurse to do?
- What group / therapy / activity is the patient going to do today?

Attend group today. Visit from Aunt C during the next week. Work on self-soothing

Readback

- Who is responsible for what action?
- Is the patient clear of the plan?

Joe to do a crisis planning poster. Nurse to follow up on visitor.
Over the last day **I have felt anxious**...

<table>
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<th>At no time</th>
<th>Some of the time</th>
<th>Less than half the time</th>
<th>More than half the time</th>
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<td><a href="#">Caramelised Onion, Blue Cheese Tart, Pear &amp; Rocket Salad</a></td>
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<td><a href="#">Roast Chicken</a></td>
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CD 1

1. Introduction to Relaxation*
   0:01 02:10

2. Breathing A
   03:40 12:17

3. Autogenic Relaxation*
   00:00

4. Imagery*
   00:00

5. Physiological Relaxation**
   00:00

6. Affirmations**
   00:00

* indicates female voice recordings
** indicates male voice recordings

All techniques vary according to script used, length of time and voice recorded.
3 weeks comparison of the daily questionnaire participation rate pre and post the release of the miPads

Average 41.5% participation

Average 81.6% participation
The Journey

 So the journey has moved from measuring outcomes to monitoring daily progress and monitoring the treatment relevant processes.
 Then providing feedback on both to the patient and the treatment team.
 Extending this to risk management
 And aiming to develop predictors of self harm.
Staff Involvement

- Having staff own the process
  - Giving staff timely, relevant information
- Involve staff from the beginning
- Have the support from the system hierarchy
- Show the value of the system, tracking progress, new info
- Involve and integrate with other staff and depts (e.g. nursing, psychiatrists, catering)
- Involve staff in the design (e.g. graphs, multiple meetings, display options)
- Top down and bottom up – both – plus patient driver (“in 3 days ask for Feedback”)
- Involve with treatment plans (ISOBAR)
- Show staff how it will help their work, and get their input & include their changes
- Involve staff “champions” as drivers
- Giving staff timely, relevant information (e.g. 7 day suicide thinking bar graphs)
- Incorporating monitoring into routine care
- Giving staff and patients clinically useful information
The Challenges

- Finding a secure wireless management system at reasonable cost for 100 iPads (most systems are aimed at a mobile population, multiple locations)
- Staff buy in (mostly patient driven), education, meeting their needs (small graphs)
- Integration with our other systems
- Finding feedback methods, graphs meaningful to the Inpatients v Day patients
- Find or develop a short assessment questionnaire (partnership with UWA, Ph.D. students)
Good afternoon Courtney,

Your schedule for Fri, 23 Sep 2016

If the patient completed their follow up questionnaires online you can now click on the paperclip button to view the 'Follow Up Group Preparation' form. Any problems let us know 'developer@perthclinic.com.au' - Enjoy!

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<th>AM2</th>
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<td>9:02 AM</td>
<td>11:13 AM</td>
<td>1:30 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

perthClinic
Other Software

- Pctherapy – Ipad based therapist attendance record and patient info, feedback graph, email and patient booking system.
- Pcroster – nurse rostering system
- Pcbooks – therapist – patient/group booking system, room booking, sms to patients & staff
- Electronic mailouts to patients-sms/email
The End

References: Research Gate
Geoff R. Hooke

https://www.researchgate.net/profile/Geoffrey_Hooke
### WHO-5 Wellbeing Index

**Over the last day**

<table>
<thead>
<tr>
<th>Experience</th>
<th>At no time</th>
<th>Some of the time</th>
<th>&lt; half of the time</th>
<th>&gt; half of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have felt cheerful and in good spirits</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I have felt calm and relaxed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I have felt active and vigorous</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I woke up feeling fresh and rested</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My daily life has been filled with things that interest me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
## DI-5 Daily Symptom Index

Over the last day

<table>
<thead>
<tr>
<th></th>
<th>At no time</th>
<th>Some of the time</th>
<th>&lt; half of the time</th>
<th>&gt; half of time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have felt anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I have felt depressed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I have felt worthless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I have thoughts about killing myself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I have felt that I am not coping</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>