



# **Psychiatric Inpatient Clinical Discharge Summary Information Set (PIC-DSIS)**

## **Test Implementation Evaluation Report: Executive Summary**

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# 1 Executive Summary

## 1.1 Introduction

- The Psychiatric Inpatient Clinical Discharge Summary Information Set (PIC-DSIS) is a data standard developed to provide a summary of care received during an in-patient psychiatric stay.
- Collection of the data for this summary is intended to be incremental from the point of admission to the point of discharge. The resulting electronic discharge summary would then be available to community staff who take over the care of the discharged patient.
- The dataset contains patient demographic and intervention details, (who did what when), as well as follow-up arrangements and contact details for staff involved.
- The aim of this project was to test whether the dataset contained the correct data items and whether staff felt they could collect these during an inpatient stay.

## 1.2 Development of the data standard

- A multidisciplinary working group met monthly from September 2004 to February 2005 to refine and agree the content of the dataset (including definitions and data categories). ISD's Improving Mental Health Information and National Clinical Dataset Development Programme supported the group.

## 1.3 Test Implementation

- The PIC-DSIS dataset was tested in three hospitals during 2006 – The Royal Edinburgh Hospital, Falkirk & District Royal Infirmary and Borders, Huntlyburn House.
- For a 12 week period nursing, medical, administrative and Allied Health Professional (AHP; mainly Occupational Therapists) staff collected data and input into their existing Information technology (IT) systems.
- Borders used an IT system called ePEX and Edinburgh and Falkirk both used iSoft's Patient Information Management System (PiMS).

### 1.3.1 Aims and Objectives

- To identify and reduce barriers to the collection of PIC-DSIS using existing mental health systems
- To facilitate information sharing
- To improve information mindedness and support joined up working
- To determine information currently in deficit
- To determine the usefulness of the data at national and local level
- To assess whether the PIC-DSIS (data items, definitions and categories) are fit for purpose and sufficiently robust for rollout across Scotland

### 1.3.2 Evaluation

- A formal evaluation was undertaken at the end of test implementation to measure how well the project met its objectives.

- This was done through analysis of a series of questionnaires completed by participating staff and discussion with key contacts at the hospital sites throughout the 12 week test implementation period.

## **1.4 Findings**

### **1.4.1 Data standard about right but some items are easier to collect than others**

- The data standard that has been developed is about right but some items were viewed as easier to collect than others.
- The PIC DSIS is a Scottish national data standard: it lays out how data items should be recorded rather than saying which data items require to be collected. It contains what we regard as fairly comprehensive list of items that areas might wish to collect in a nationally-standardised way. Local areas may take different views on exactly which data items will be required in a discharge summary.
- Interventions seemed to be the most difficult data item to collect though staff deemed it a useful and important data item in helping them treat patients.
- The current list of interventions did not reflect all of the work of the Occupational Therapists. They felt a “Creative Therapy” category was required and that “exercise activity” should be included under “physiotherapy” rather than “art therapy”.
- Data items considered easiest to collect included patient demographics such as name, address and date of birth as these were already in patient administration systems and only required to be checked to ensure they were still current.

### **1.4.2 IT systems available and training were inadequate**

- Staff did not appear averse to sharing information generally with their colleagues but the process and systems need to enable them rather than prevent them as at present.
- Several issues were identified about the existing clinical systems, particularly in relation to PiMS. These included a feeling that systems were too slow, navigation was too complex (with too many screens), and systems crashed too frequently.
- In summary IT systems need to improve before PIC-DSIS is rolled out.
- Generally staff did not feel competent in the use of the systems and it was felt more IT training was required.

### **1.4.3 Whose job is it to document care?**

- Data collection mainly fell to the nursing staff, and they were not convinced it was part of their remit. There appears to be some misunderstanding about whose role it is to collect patient information – quite a few of the nursing staff did not seem to see it as part of the patient care process.
- At all three sites nursing staff commented that the data collection and input to local systems could be done by clerical staff.
- However documentation of care is a medico-legal requirement on care staff; what we are trying to develop here is not an administrative data stream but an element of electronic care records.
- Nursing staff in particular felt that if all other staff (including medical and Allied health professionals – AHPs such as occupational therapists, dieticians, physiotherapists and art

therapists) were also inputting information into the system as they saw the patient it would probably reduce or negate the current feeling of 'it's not part of my remit'. Shared responsibility needs to be encouraged as does the view that the collection of patient information is a vital part of patient care.

- Disappointingly, no link was acknowledged by participating staff between good, quality patient information and good quality patient care.

#### **1.4.4 Data collection impacts on clinical time and only some saw it as worthwhile**

- Staff did see the benefits in sharing patient information with their colleagues. However opinions were mixed as to whether they felt the time spent on collecting the data was worthwhile.
- Staff felt the time taken to complete the data collection (from 5 to 45 minutes per patient) took them away from their clinical role. Although collecting the PIC-DSIS data was generally considered time-consuming, this is something that is done at present in any case, albeit in paper format. If staff did not have to collect data twice (both electronically and in the patient case notes for the test implementation period) they would probably, in time, get used to the electronic collection of data. However, in order to achieve this, better and more reliable IT equipment with proper support and training would need to be made available locally.
- Staff generally saw the test implementation as 'a burden'.
- Occupational Therapists felt they benefited from seeing details of interventions carried out on their patients.

#### **1.4.5 Confidentiality was a concern in one NHS board area**

- One hospital Charge Nurse passed on a concern from his community colleagues who were worried about other staff changing or amending their data.

#### **1.4.6 An actual electronic discharge summary would have been a useful output**

- Staff would have preferred to see an electronic discharge summary as an output from the test implementation – this would have made all their work seem more worthwhile. However the purpose of this test implementation was to test the value of the data items rather than concentrate on the technicalities of the physical document.

#### **1.4.7 None of the sites plan to continue the full collection of PIC-DSIS**

- No site planned to continue collecting the PIC-DSIS dataset at the end of the 12-week test implementation period though all sites said they would continue to collect parts of it.

## **1.5 Conclusion: right data, information systems need to improve**

### **1.6 Recommendations**

- 1.6.1 Minimal changes are required to the data standard and those suggested should be considered as part of change control**
- 1.6.2 Whilst recognizing from the start that the software wasn't right and that some systems were more flexible than others, current electronic systems need to be improved: better and more reliable IT equipment is required across all areas of Scotland**
- 1.6.3 Proper support and training need to be made available locally**
- 1.6.4 We need a shift in how electronic recording of data is perceived at ward level. Documentation of care provided must be seen as part of the care process rather than an administrative add-on**
- 1.6.5 Discharge summary documents need to be developed locally using national data standards within each distinct local system**
- 1.6.6 This pilot should be repeated when NHS boards have adequate systems. Production of actual discharge summaries should be considered as part of this work.**