

Midland PRIMHD NGO Workshop

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7th June 2011 – Braeside Motor Inn, Rotorua

9th June 2011 – Kiwi 360, Te Puke

10th June 2011 – RSA, Gisborne

17th June 2011 – Alcomo, Hamilton

Summary of Evaluation Feedback Report

In the latter stage of the Programme for Integration of Mental Health Data (PRIMHD) NGO Implementation Project, Midland Non-government Organisations (NGOs) expressed interest in having training opportunities around the use of PRIMHD data and the link to outcomes. In response to this, Te Pou and the Midland Regional Network Mental Health & Addictions developed half day workshops. These were offered in each of the five Midland districts (Taranaki workshop cancelled due to lack of registrations) and based on numbers registered were delivered in Lakes, Bay of Plenty (BOP), Tairāwhiti and Waikato. The total number of attendees at each venue was Rotorua (21), Te Puke (21), Gisborne (14) and Hamilton (17).

Attendees were given the opportunity to provide comment on what PRIMHD meant to them and raise issues encountered during the implementation. These have been documented within this report along with feedback about the workshops delivered.

Workshop Content

The half day sessions focused on PRIMHD mental health information, with emphasis on:

- the importance of consistent and accurate data
- how PRIMHD information benefits organisations, and
- access and understanding PRIMHD reports

However this was used as the foundation only, and each workshop was tailored to the need and make up of the specific group at each location. In Tairāwhiti the Planning & Funding Portfolio Manager and DHB Information Coordinator attended along with the NGOs and it is interesting that these participants' overall rankings of the workshop were higher than other districts.

Evaluation Summary

The data within this report is based on completion of the Midland Evaluation Feedback forms by workshop participants at the end of training – see Appendix 1 & 2. (Midland Evaluation Feedback forms were not completed after the Lakes workshop, however evaluation information about this session was gained from Te Pou's Evaluation Feedback forms which they have made available to us).

Content

Using the Likert scale, 1 being the lowest and 5 being the highest, the average ranking given by participants of the **training content** was good, ranging between the range of 3.7 – 3.9. Their expectation of the content of training aligned with delivery, as well as content applicability, relevance in their practice and clear rationale provided.

Course Facilitators

Using the Likert scale, 1 being the lowest and 5 being the highest, the average ranking given by participants of the **course facilitators** was high, ranging between of 4.0 - 4.2. Additional comments made by participants stated that the delivery by the facilitators was warm, easy to follow and understand.

Registration Process/Environment

Using the Likert scale, 1 being the lowest and 5 being the highest, the average ranking given by participants of the **process/environment** was high, ranging between 3.9 - 4.3. Additional comments on two of the venues – Te Puke and Hamilton raised the issues of temperature control and in Te Puke the noise levels. This feedback will allow us to make better decisions about venue suitability in the future.

Participation

Using the Likert scale, 1 being the lowest and 5 being the highest, the average ranking given by participants of **participation and workshop engagement** was high, ranging between 3.4 – 3.9. Participants reported the workshop content, structure and facilitator style contributed to the high level of engagement.

Overall the feedback from attendees of the workshops was that they found this useful and would recommend them to others. More information and training on outcomes was identified as a need for the future.

Additional

The information that workshop participants found most helpful were

- The rationale for PRIMHD along with the positives and negatives
- Where PRIMHD is heading
- Question and answer time
- Accessing, interpreting and using PRIMHD data/reports
- Outcome measurement tools and video footage of other providers using them

Participants appreciated the information sharing of the facilitators of real examples of PRIMHD collection and use

The key learning that occurred during training were

- PRIMHD is about tangata whaiora and the services they are receiving
- Purpose of PRIMHD and how the data is used to make informed service improvement
- Reading/interpreting data
- How to access reports
- Importance of knowing your contracts / codes / data and accuracy of data
- Using narratives to give context to your data
- Outcome measurement – the value of the process / engagement versus the tool

Recommendation to Others

All participants who answered this section would recommend the training to others including all staff in mental health & addiction NGOs working with PRIMHD and DHB statistics / contract providers.

Key points from workshop question - “What does PRIMHD mean to NGO’s?” – see Appendix 3

Positives of PRIMHD

- Accountability to funders and service users
- Collecting standardized accurate data from multiple sources gives a rounded picture of the services in place for service users
- All information goes to one place – Ministry of Health
- Assessment and evaluation of data can be used to improve decision making about service delivery and identify gaps
- Client based not about individual staff – what is provided versus volumes
- Cluster arrangements allow sustainability for small providers
- Can be used to improve efficiency of resources, quality of services and encourages time management

- Gives a picture of what we do and provides evidence of service user contact
- Outcomes can be linked data
- PRIMHD online was a free option setup for small providers. It was really slow to start with but has improved with upgrades
- Patient Management systems are an option for submitting PRIMHD. Vendors can assist with PM systems at varying prices
- Understanding of codes makes using PRIMHD easier
- Vendor access allows greater report mechanisms

Issues Encountered

- Accuracy and consistency of data – different interpretation of codes occurring and need for clarity so all collecting the same
- Need to monitor, may give false statistics where information may not be a true reflection of actual situation
- Added ongoing financial costs, resourcing and effort extremely high with no returns, especially for smaller NGOs
- Codes do not adequately reflect the work we do and isn't collecting some information e.g. waiting times and travel especially for rural areas
- Client not attending (CDNA) code not being collected properly
- Confidence in Ministry of Health is low due to slow responses and lack of communication. Providers would like more information and some feedback on data entered. This would be good.
- Difficulty collecting data for groups in schools where NHI numbers are not accessible
- PRIMHD does not cover staff time that is not client contact and does not allow counting of more than one staff attending contact at the same time
- NHI numbers and dates of birth (DOB) – difficult to obtain and are not always correctly given by referrers
- Takes staff time away from service users
- More education needed around DHB/MOH language and the bigger picture of PRIMHD data
- No interface with Medtech
- Lack of reports coming back and useful data needs to be more accessible
- Having to complete both Performance Monitoring Returns (PMR's) and PRIMHD is double reporting that don't match up
- PRIMHD measures outputs not outcomes and does not reflect recovery
- PRIMHD Online is good for small providers but not large ones. It is slow and can only enter one activity at a time
- Risk of being used for comparative performances at contracting time
- Risk to contracts if not compliant, this increases pressure
- Stress to meet timeframes and lack of time to implement
- Sustainability issues for small providers

- Technical issues to get PRIMHD data entry capable
- Technology is a problem for some staff and requires additional training
- Wild Bamboo issues from the mapping stage through to making programme. Also the extract is encrypted

Results of Te Pou's Evaluation Form – see Appendix 4



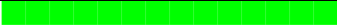










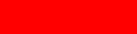


The majority of participants agreed or strongly agreed that;

- The content matched what they expected
- The presentation material was pitched appropriately to their role
- Felt more motivated to collect or use PRIMHD information
- Understood better how PRIMHD information can be useful to their organisation

The few people that disagreed are those that will be submitting data through a vendor.

Appendix 1

Results of Midland Evaluation Form

PRIMHD Workshops		
Waikato, Tairāwhiti & BOP Combined		
Content of Training Session		
Overall rating	3.7	
Content of the course met my learning needs	3.6	
Content is directly applicable to my job	3.8	
I found value in the resource materials	3.7	
Instructor		
Overall Rating	4.1	
Demonstrated excellent knowledge of content	4.1	
Generated my interest in the course content	4.0	
Was interested in the participants are encouraged our involvement	4.2	
Process/Environment		
Registration was easy	4.3	
Location	4.1	
Appropriate facility	3.9	
You the participant		
I was fully present and actively participated	3.9	
My co-participants were actively involved...	3.4	
		Not good, staff unhappy
		OK but keep an eye on this
		Good replies - keep it up

Appendix 2

Participant Course Evaluation Feedback

Date:..... Name:.....

Training Programme:.....

Please rate your experience 1 = unsatisfied to 5 = very satisfied

Questions	1 ☹	2 ☺	3 ☺	4 ☀	5 ♥
Overall rating					
Content of the course met my learning needs					
Content is directly applicable to my job					
I found value in the course resource materials					
Course Facilitator					
Questions	1 ☹	2 ☺	3 ☺	4 ☀	5 ♥
Overall rating					
Demonstrated excellent knowledge of the content					
Generated my interest in the course content					
Was interested in the participants and encouraged our involvement					
Process/Environment					
Questions	1 ☹	2 ☺	3 ☺	4 ☀	5 ♥
Registration process was easy					
Location of the training programme					
Facility that training programme was delivered in was appropriate					
Your Participation					
Questions	1 ☹	2 ☺	3 ☺	4 ☀	5 ♥
I was fully present and actively participated					
Co-participants were actively involved and supported the learning process					
I feel confident to be able to train other staff					

Additional Comments: (Please use this space to provide additional comments on the above)

What did you find the most useful?

What three key things did you learn?

Was there anything missing that should be included?

Would you recommend this course to others, if yes who?

Thank you for completing this evaluation feedback form. Your feedback will assist us to ensure that the course continues to meet the need of our sector

Appendix 3

Feedback to question “What does PRIMHD mean to NGO’s?”

Positives

- Accountability - funding
- Accurate data
- All info goes to MoH
- Can improve service
- Client based – what versus volumes
- Cluster arrangements
- Collecting standardized data across all
- Developmental tool
- Efficiency of resource\quality of services
- Evidence of mahi
- Gives picture of what we do
- Identify gaps
- If through a vendor reports produced are useful
- Make decisions\assess and evaluate
- Makes staff more efficient
- Management had used for appraisals
- Mapping
- Measurement of intervention
- Not about individual staff importance
- Outcomes from data
- PRIMHD online was a free option setup for small providers.
- Patient Management systems are an option for submitting PRIMHD
- Reflects what we do with Tangata whaiora
- Report from when you started and optional to do backdating
- Time management – allow time to do
- Tracking of service and whaiora
- Understanding of codes make using PRIMHD easier
- Vendor can assist with PM systems and are all different prices.
- Vendor access allows greater report mechanisms
- Was really slow but now not so bad
- Way to view service delivery

Issues

- Accurate data
- Added cost extremely high especially for smaller NGOs
- Codes do not reflect well the work we do
- Client not attending (CDNA) code not being collected properly
- Codes do not allow counting of two staff from same team
- Confidence in MoH low – slow responses
- Consistency – make sure correct - may give false statistics
- Cost and effort for compliance and no returns
- Different interpretation of codes occurring
- Difficult reporting for groups in schools

- Does not cover staff time that is not client contact
- Doesn't seem to collect the depth of family work/mahi delivered
- Double data entry
- Extract from Wild Bamboo is encrypted
- Feedback from MOH would be good
- Financial cost
- Forms were tailored by services as MoH forms were complex
- Info may not be a true reflection of actual situation
- Isn't collecting some info e.g. waiting times
- Just another reporting
- NHI numbers and Dates of Birth (DOB) - justice clients NHI/DOB/ - not correct from referrers - lots of errors with NHI
- Lack of communication – MoH and technical people
- Less time to do mahi
- More education needed around DHB/MOH language
- More education/promotion around the bigger picture of PRIMHD data
- More information required
- More pain than pleasure (extra work)
- More work
- Need flexibility as you need to be responsive
- Need for clarity so all collecting the same
- No interface with Medtech
- No reports coming back
- No travel time for rural services
- Ongoing costs high – VPN, HealthNetwork, Digital Certificates
- PMR's to PRIMHD – double reporting that doesn't match
- Outputs not outcomes
- PRIMHD Online good for small providers but not large ones
- PRIMHD Online slow – can only enter 1 activity at a time
- Reports
- Requires extra resources – e.g. staff
- Risk of comparative performances
- Risk to contracts if not compliant – pressure
- Stress to met timeframes and lack of time to implement
- Sustainability for small providers
- Technical issues to get it going
- Technology a problem for staff and requires additional training
- Time consuming does have impact on workload
- Useful data needs to be more accessible
- Vague
- Waiting times not captured
- Wanting to get reports
- Wild Bamboo issues from mapping stage to making programme
- Would have been good if NGO's had been the first roll out
- Would like access to reports

Questions

- Do NGO have access to HoNoS info?
- How do we use the data?
- How does work tie in with codes?
- How is it used and fed back?
- How often do you report – monthly, weekly (less than monthly) best to enter daily or weekly?
- Info sent who does it go to and can this be saved in service records?
- Pre entry data training – is training ongoing?
- What are outcome measurement tools for NGO? Mandated is HoNoS for DHB?
- What is the accountability of this?
- What happens with info?
- What's next for PRIMHD?
- Why is it not going to one place?

Appendix 4

Results of Te Pou Evaluation Form

