

Unplanned Admissions - Getting Started

Outcomes Manager



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Unplanned Admissions Outcomes Manager - Getting Started

Getting Started

The following topics provide useful information regarding setting up the Unplanned Admissions Outcome Manager Tools provided by BlueBay for EMIS LV and PCS systems. This guide explains how to create an Avoidance Admission Register for 2% of your over 18 practice population by 31st July 2014.

What this Guide Covers

This user guide gives detail of the following:

- **Prerequisites** - See *Prerequisites* (page 5).
- **What you need to do by 31st July 2014** - See *What you need to do by 31st July 2014* (page 6).
- **Downloading the Unplanned Admissions Outcomes Manager** - See *Download Unplanned Admissions Outcomes Manager* (page 7).
- **Running the Risk Stratification and Register Manager Report** - See *Identify Eligible Patients* (page 8).
- **The Stratification Tool** - See *The Stratification Tool* (page 11).
- **Reviewing the Admissions Risk Stratification and Register Manager Report** - See *Reviewing the Admissions Risk Stratification and Register Manager Report* (page 14).
- **Creating a 2% Personalised Care Plan Manager Register** - See *Create a Personalised Care Plan Manager Register* (page 14).

Prerequisites

To use the Unplanned Admissions Outcome Manager tools provided by INPS you must:

- Contact your **INPS Account Manager** to order Unplanned Admissions Outcome Manager (**this may already have been done on your behalf by your CCG**). You will receive an email when the files are ready to download.
- The Unplanned Admissions Outcome Manager consists of the following:

- **Admissions Risk Stratification and Manager Register Reports**
- **QAdmissions Calculator (chargeable)**
- **Personalised Care Plan Manager Register and Template**
- **Personalised Care Plan Manager Reports**

What you need to do by 31st July 2014

Below is a summary of the DES Requirements and what must be completed by 31st July 2014.

Create an Admissions Avoidance Register		
Step 1	Download the Unplanned Admissions Outcome Manager	See <i>Download Unplanned Admissions Outcomes Manager</i> (page 7)
Step 2	Run the Admission Risk Stratification and Register Manager report to identify the over 18 register	See <i>Identify Eligible Patients</i> (page 8)
Step 3	Process patients through the QAdmission calculator to record the QAdmissions risk score	See <i>The Stratification Tool</i> (page 11)
Step 4	Review the Admission Risk Stratification and Register Manager to view the QAdmission scores and identify the 2%	See <i>Reviewing the Admissions Risk Stratification and Register Manager Report</i> (page 14)
Step 5	Add patients to the Admission Avoidance Register by creating a Personalised Care Plan Manager Register (2% target) <ul style="list-style-type: none"> • Read code - 67DJ Informing patients of named GP (mandatory for GPES extraction) • Send the invite letter • Read code - 9NS5 Personal Care Plan Offered (optional) • Read code - 8CV4 Admission avoidance care started (mandatory for GPES extraction) 	See <i>Create an Personalised Care Plan Manager Register</i> (page 14)


For further guidance on all aspects of the Unplanned Admissions DES and timeframes refer to the following Quick Reference Guides:

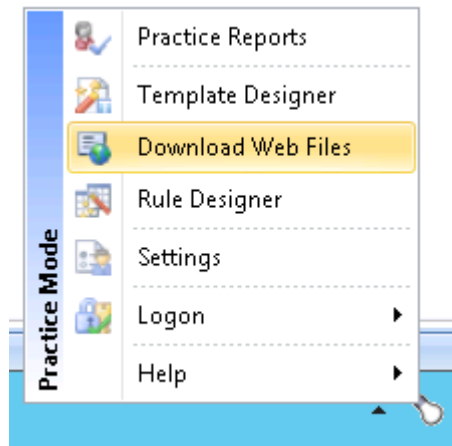
- **Unplanned Admissions Overview**
- **Unplanned Admissions - Personalised Care Plan Manager**
- **Unplanned Admissions - Reporting**
- **Unplanned Admissions FAQ's**

Download Unplanned Admissions Outcomes Manager

The Unplanned Admissions Outcome files can be downloaded and managed from Download Web Files. Remember, you must contact your Account Manager who will organise for the Unplanned Admissions to be available to download.

To access the files:

Log into EMIS, right click on the BlueBayCT icon  in the Windows Notification area and select Download Web Files from the menu.



Download Web Files

1. A list of files available to download and files already downloaded is displayed.
2. Select the file(s) you wish to download by ticking the box in the download column. For the Unplanned Admissions Outcome Manager choose:
 - **Admissions Risk Stratification and Register Manager**

- **Personalised Care Plan Manager**

Group Name	Web Version	Local Version	Status	Download	Delete
Hip & Knee Osteoarthritis Referral Pathway (ABHB)	2	2	Up to date	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccination	7	0	Not downloaded	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal flu vaccination programme	32	0	Not downloaded	<input type="checkbox"/>	<input type="checkbox"/>
▼ Group Type : Practice Alerts & Lists					
Admissions Risk Stratification and Register Manager	14	0	Not downloaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carer Registers	4	0	Not downloaded	<input type="checkbox"/>	<input type="checkbox"/>
Child Immunisations	4	0	Not downloaded	<input type="checkbox"/>	<input type="checkbox"/>
Child Protection	2	0	Not downloaded	<input type="checkbox"/>	<input type="checkbox"/>
District Nurse Attending	1	0	Not downloaded	<input type="checkbox"/>	<input type="checkbox"/>
Drug Misuser	3	3	Up to date	<input type="checkbox"/>	<input type="checkbox"/>
Housebound Patients	2	2	Up to date	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Review	1	0	Not downloaded	<input type="checkbox"/>	<input type="checkbox"/>
New QOF Registers 2012	3	0	Not downloaded	<input type="checkbox"/>	<input type="checkbox"/>
Personalised Care Plan Manager	16	0	Not downloaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescription 4 Exercise (Birmingham CrossCity CCG)	1	1	Up to date	<input type="checkbox"/>	<input type="checkbox"/>
Shingles vaccination programme	2	0	Not downloaded	<input type="checkbox"/>	<input type="checkbox"/>
Violent Patients	2	0	Not downloaded	<input type="checkbox"/>	<input type="checkbox"/>

Unplanned Admissions Outcomes Manager

3. Click **Download**. You do not need to log out of EMIS whilst the files are downloading.
4. A splash screen will appear showing the progress of the download.



Note - Templates that have been downloaded by your practice are available to all users providing that Disable User Defined Indicators is not checked for each user in BlueBayCT Settings.

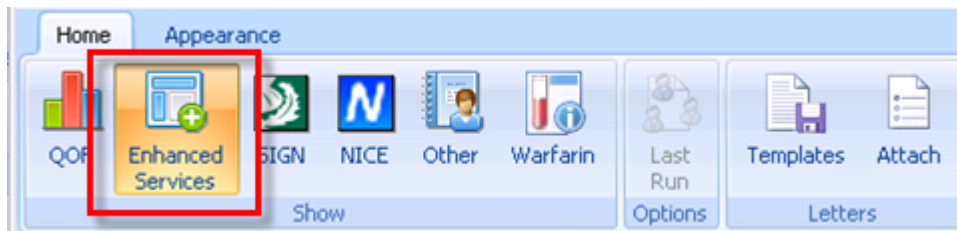
5. The status column quickly shows which templates have already been downloaded to the system, and which templates have a new version that may be downloaded. Template Version numbers can be compared between the Web Version and Local Version to see if a more recent version is available for download from the web.

Identify Eligible Patients

You can quickly identify patients who may be eligible for unplanned admissions by running the **Admissions Risk Stratification and Register Manager Report**.

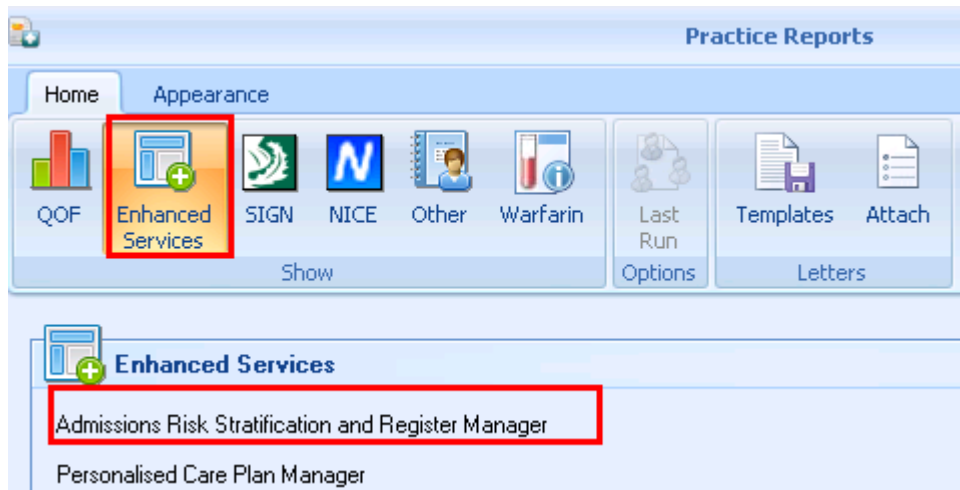
1. Log into EMIS, right click on the BlueBayCT icon  in the Windows Notification area and select **Practice Reports**.

2. Select the **Enhanced Services** icon.



BlueBayCT Reporting - Enhanced Services

3. Click **Admissions Risk Stratification and Register Manager**.




Admissions and Risk Stratification and DES Register

4. The report shows the admission risk stratification results. It displays a number of cohort lines, including all permanent and applied patients over the 18 and those over 18 not on the Personal Care Plan Register.

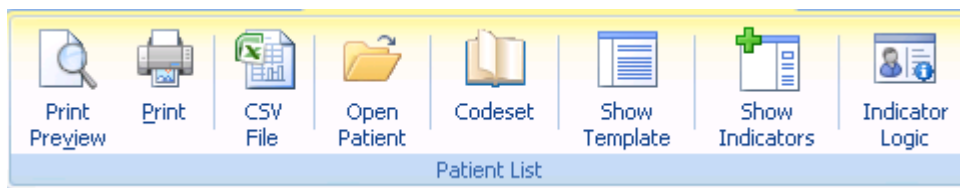
 **Note** - The report also groups patients by age and risk of admission, offering additional stratification, should you wish to use them.

Home Appearance Admissions Risk Stratification and Register Manager			
Print Preview	Print	CSV File	Merge Indicator
Patient List			
Patient Name	DOB	Sex	NHS Numl
Category : Admissions Risk Stratification and Register Manager <ul style="list-style-type: none"> > Description : Register (COUNT=4595) > Description : All Patients Aged >= 18 NOT on Personal Care Plan Register: (COUNT=4593) > Description : 2% Monitor: Select "Category: Admissions..." above, then click on Category Analysis Icon (COUNT=2) > Description : On Personal Care Plan Register; No QAdmissions Score. (COUNT=2) > Description : All Patients Aged <18 with Chronic Condition(s); NOT on Personalised Care Plan Register (COUNT=138) > Description : Age 80-89 + No A+E/Hospital Admissions in Last Year but + Very High Number of Risk Factors for Admission (COUNT=1) > Description : Age 60-69 + No A+E/Hospital Admissions in Last Year but + Very High Number of Risk Factors for Admission (COUNT=1) > Description : Age 50-59 + No A+E/Hospital Admission in Last Year but + Very High Number of Risk Factors for Admission (COUNT=1) 			

Risk Stratification and Register Manager


5. To view patient names double click on the cohort line or choose the expand  icon. If you click on a patient you can use the toolbar at the top of the screen to:

- **Print Preview, Print, CSV File** - Print or Export the patient list
- **Open Patient** - This takes you directly into this patient's Consultation Manager screen
- **Codeset** - This option allows you to add an emergency admission Read code to the patient record
- **Show Template** - This option launches the Personalised Care Plan Manager Register Template
- **Show Indicators** - This brings up the patient's Alert Indicator popup window without having to open Consultation Manager
- **Indicator Logic** - This option allows you to see why the patient is on the cohort list



Patient List Options


6. You now need to run the QAdmission Risk Stratification tool on your cohort of patients. It is anticipated that you will run the QAdmission calculator on all patients aged over 18 not on the Personalised Care Plan Register. This group excludes patients who have declined inclusion and those who have been offered inclusion but are not yet on the register. See [The Stratification Tool](#) (page 11).

 **Note** - Vulnerable patients under the age of 18 are not included in the 2% target, but you may want to include these patients in the Personalised Care Plan Register for monitoring purposes.

 **Training Tip** - Select the **Last Run** option if you have closed the Risk Stratification report, but you now want to view it again.

The Stratification Tool

To identify patients who are at a high risk of unplanned admissions a Risk Stratification tool should be used. INPS provide a **QAdmission** tool which will create the 2% risk register that is required as part of the DES. The QAdmission tool will automate over 90% of the DES. To find out more about this tool contact your Account Manager. If you decide not to use the INPS QAdmission tool or use a different tool, the reports can still be run and are available to work with but will only automate about 50% of the functionality required in the DES.

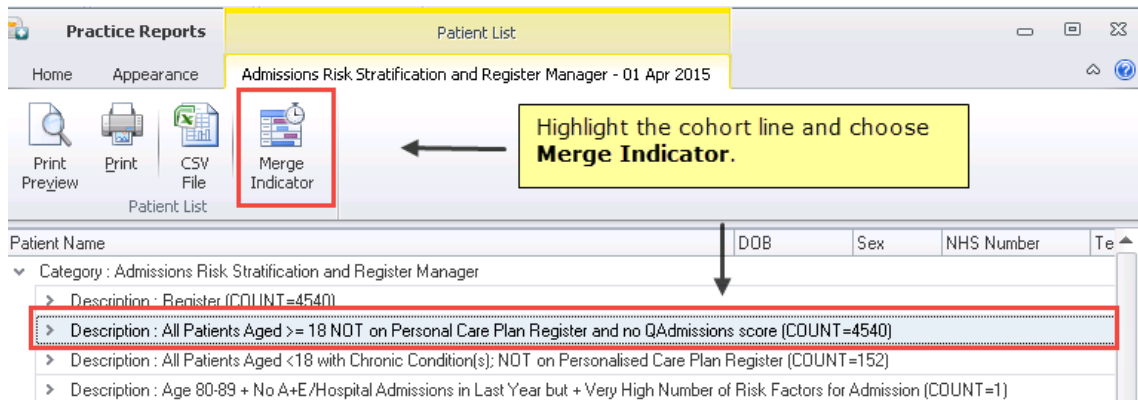
 **Note** – The Qadmissions website can be found at <http://www.qadmissions.org>

The Read codes used to identify the patients who have attended A&E in the last year are:

- 8HCZ.Refer to hospital casualty NOS
- 9N19.Seen in hospital casualty
- 8HJJ.Self ref to accident emergency
- 9b8D.Accident & emergency
- 9Nr..Inapp use of A and E service
- 8HE8.Discharged from A & E
- 8HEA.Discharged from AAU
- 8H2% Emergency hospital admission

Applying the QAdmission Stratification Calculator

1. From the **Admissions Risk Stratification and Register Report**, select the cohort line **All Patients Aged >= 18 NOT on the Personal Care Plan Register and no QAdmission score**.
2. Click **Merge Indicator**.



Practice Reports Patient List

Home Appearance Admissions Risk Stratification and Register Manager - 01 Apr 2015

Print Preview Print CSV File Merge Indicator

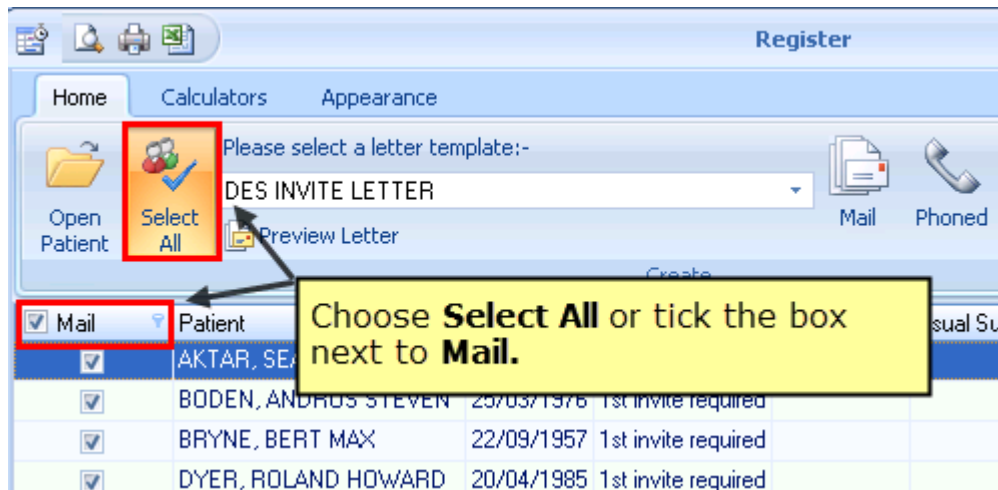
Patient Name DOB Sex NHS Number Te

Category : Admissions Risk Stratification and Register Manager

- > Description : Register (COUNT=4540)
- > Description : All Patients Aged >= 18 NOT on Personal Care Plan Register and no QAdmissions score (COUNT=4540)
- > Description : All Patients Aged <18 with Chronic Condition(s); NOT on Personalised Care Plan Register (COUNT=152)
- > Description : Age 80-89 + No A+E/Hospital Admissions in Last Year but + Very High Number of Risk Factors for Admission (COUNT=1)

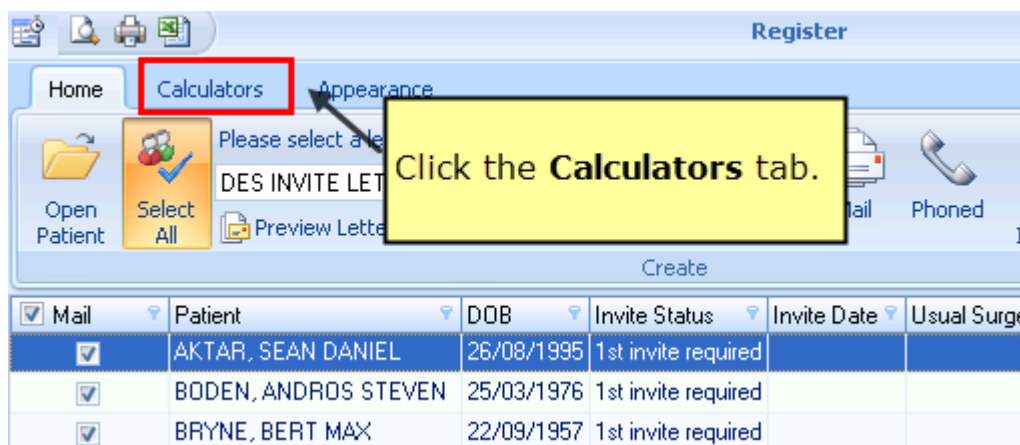
Merge Indicator

- The list of eligible patients appears, click **Select All** (or tick the box next to Mail).



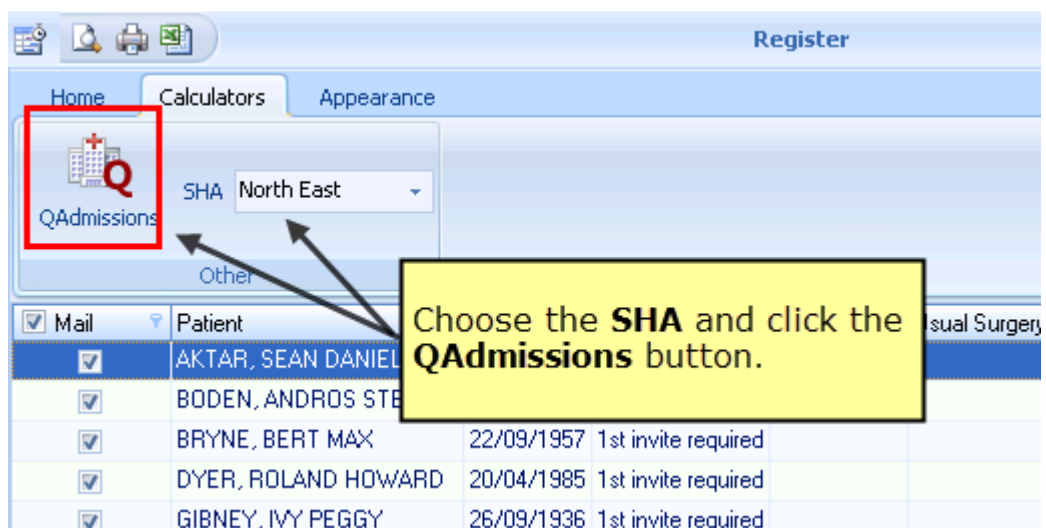
Selecting All Patients

- Click the **Calculators** tab.




Calculators Tab

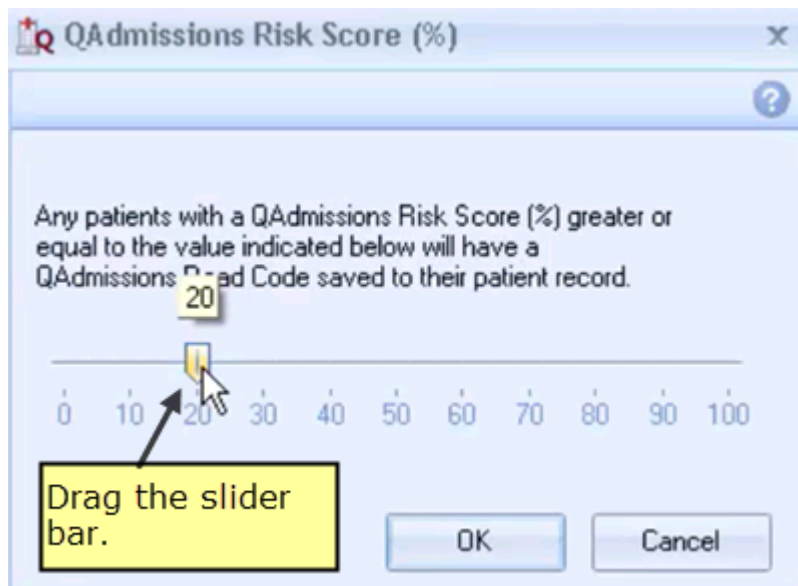
- Choose the **SHA** (CCG area) and click the **QAdmissions** button.



QAdmissions Calculator


6. Use the slider scale to set a QAdmissions Risk Score value to control which patient records have a READ Code and score recorded. Any scores less than your chosen value will not be recorded.

 **Note** – If you want every patient to have a score recorded set the slider value to 0.



QAdmission Risk Score Slider Bar

7. Click **OK** to start the process.
8. The QAdmission calculator will look at each patient and record those scores that are equal or greater than the pre-set slider value (during this time a progress bar appears at the base of the screen). The Read code **38Gt0 - QAdmissions risk emergency hospital admission next 12 months** is automatically recorded in the patient's record along with the patient's score.

 **Note** - The progress bar may take a little while to process each patient, depending on the number of patients you have selected. You may also see the warning "One or more patients have a QAdmissions Warning, do you want to open the log file." This means some patients either do not qualify for stratification or they are below the QAdmission Risk Score percentage defined in the slider bar.

9. Click **Close** to return to the Admission Risk Stratification and Register Manager report.

Reviewing the Admissions Risk Stratification and Register Manager Report

After running the Admission Risk Stratification and Register Manager report, you will see a list of stratified patients with a QAdmission score not on the Personal Care Plan Register, you now need to choose which patients you want to add to the Personalised Care Plan Register. See [Access the Personalised Care Manager Register for each patient](#) (page 15).



Training Tip - The DES requirement is to maintain a 2% register throughout the year for Permanent and Applied patients over 18. This is calculated using the register count x 2%. For example 4593 patients x 2% = 91 patients. However, the DES requires that you do not drop below 1.8% per quarter; therefore it may be advisable to aim for more patients eg 101 patients.

Home Appearance Admissions Risk Stratification and Register Manager

Print Preview Print CSV File Merge Indicator Patient List

Patient Name	DOB	Sex	NHS
[-] Category : Admissions Risk Stratification and Register Manager			
[+] Description : Register (COUNT=17)			
[+] Description : All Patients Aged >= 18 NOT on Personal Care Plan Register: (COUNT=16)			
[+] Description : 2% Monitor: Select "Category: Admissions..." above then click on Category Analysis Icon (COUNT=1)			
[+] Description : Not on Personal Care Plan Register: Probability of Admission (QAdmission Score) in Next Year: 30-39% (COUNT=1)			

This example shows patients who are between 30-39% probability of being admitted within the next year.

QAdmission Risk Scores displayed on the report

Create a Personalised Care Plan Manager Register


Patients who are identified as being at risk of admissions should be added to the Personalised Care Plan Register. To do this you need to complete the Personalised Care Manager Register Template which is accessed from the Admissions Risk Stratification and Register Manager Reports. See [Access the Personalised Care Manager Register for each patient](#) (page 15).



Note - As you add the patient to the Personalised Care Manager Register, the report is automatically updated and the patient is moved to the appropriate list.

Access the Personalised Care Manager Register for each patient

1. From **Reports - Admissions Risk Stratification and Outcomes Manager Report**, highlight the patient cohort line and click the expand **+** icon to view the patients.

 **Note** - If you want to view the patient's record before placing the patient on the register you can access the Personalised Care Plan Manager from Consultation Manager.

2. Highlight the patient and choose **Show Template**.




The screenshot shows the 'Admissions Risk Stratification and Register Manager' interface. The 'Show Template' button is highlighted with a red box. A yellow callout box points to the button with the text 'Highlight the patient and click Show Template.' The patient list below shows a table with columns for Patient Name, DOB, and Sex. The patient 'AKTAR, SEAN DANIEL' is highlighted in red.

Patient Name	DOB	Sex
AKTAR, SEAN DANIEL	26/08/1995	Male

Reports - Show Template

3. The **Personalised Care Plan Manager** screen is displayed.

Personalised Care Plan Manager

4. The patient's QAdmissions risk score is displayed at the top of the screen. If it is not, then, if you have purchased the QAdmissions calculator, you can stratify the patient from here by selecting the QAdmissions icon . To place the patient on the register and fulfil the DES requirement you must record the following information on the Personalised Care Plan Manager screen:

- Record the Assigned and Accountable GP - See [Assign a Named GP to the patient](#) (page 17).
- Record Personal Care Offered - See [Record Personal Care Plan Offered](#) (page 18).
- Print a Letter of Invitation - See [Print the Invitation Letter](#) (page 18).
- Add the patient to the Admissions Risk Register - See [Add the Patient to the Personalised Care Manager Register](#) (page 19).




IMPORTANT - To save the information on the Template you must click the **Save and Close** icon. If you do not choose Save and Close your data will not be saved.

Assign a Named GP to the patient

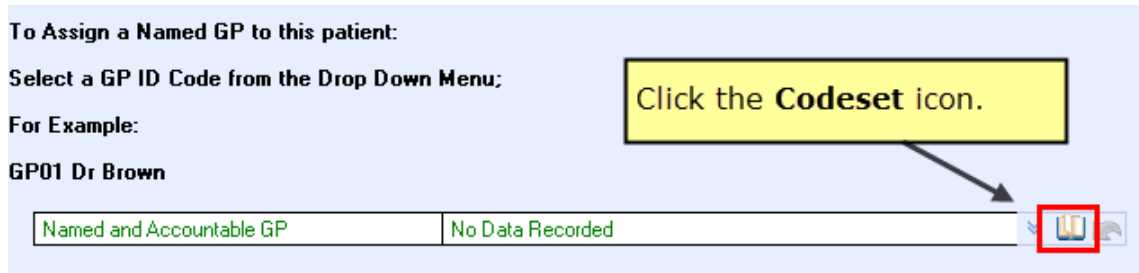
All patients placed on the Personal Care Plan Register must have a nominated (assigned) GP.

Currently, it is not possible to filter and add the Usual or Registered GP on the template. So to identify and report on the named GP it is recommended that you create a pre-defined list of GP's and allocate a GP number to each GP eg GP01 is Dr Brown, GP02 is Dr Jones etc.

To setup and allocate a named GP:

1. Click the **Codeset**  icon on the **Name and Accountable GP** line.

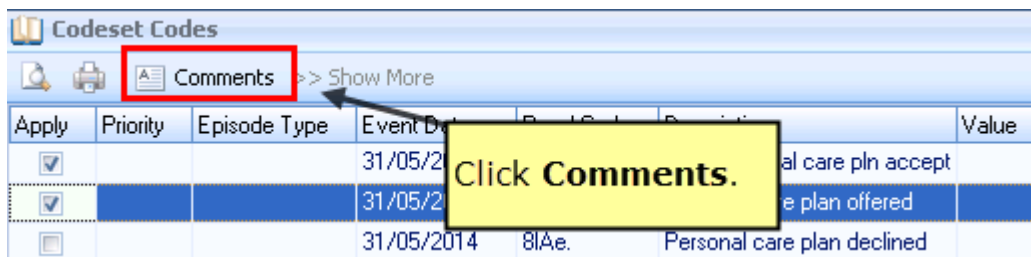
To Assign a Named GP to this patient:
Select a GP ID Code from the Drop Down Menu;
For Example:
GP01 Dr Brown



Named and Accountable GP | No Data Recorded

Assign a Named GP - Unplanned Admissions

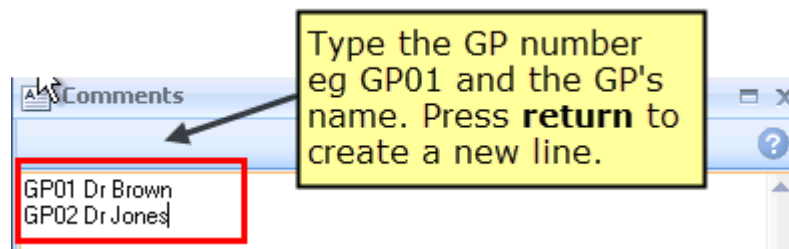
2. Click the **Comments**  button.



Apply	Priority	Episode Type	Event Date	Read Code	Description	Value
<input checked="" type="checkbox"/>			31/05/2014		Personal care plan accepted	
<input checked="" type="checkbox"/>			31/05/2014		Personal care plan offered	
<input type="checkbox"/>			31/05/2014	8/Ae.	Personal care plan declined	

Selecting Comments


3. To enter a new comment start typing eg GP01 Dr Brown. If you press return you move to a new line as if you are creating a new comment. Once all the GP's are entered, click **OK** to save the changes.



Comments

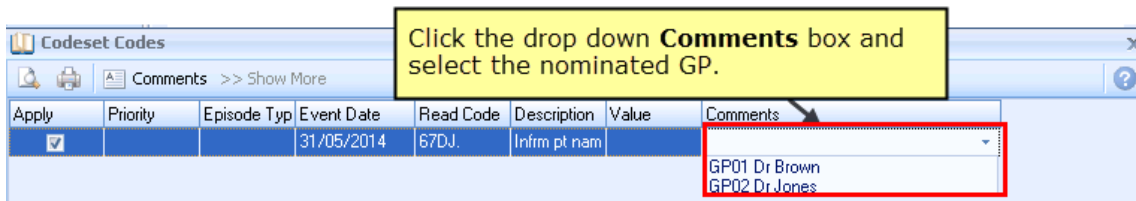
- GP01 Dr Brown
- GP02 Dr Jones

Creating a pre-defined GP list.

 **Note** - The Comments button is a practice wide setting, so it may contain other non-related comments.

4. Next, tick the **Apply** box alongside the Read code **67DJ - Informed Patient Accountable GP**.

- Click the drop down **Comments** box and choose the nominated GP from the list.



Selecting a GP Number between one and twenty

- Click **OK**.

Important - You must always use the same GP number for each GP so that it is unique to that GP eg GP001 is always Dr Brown.

Print the Invitation Letter

- To print the invitation letter select the link on the screen to "*Click Here to Access and Print the letter of Invitation.*"

**Offer Patient Inclusion on the Admission Risk Register,
Generate the Letter of Invitation Below if Required:**


Personal Care Plan Status	23/05/2014: Personal care plan offered	⌵	🖨️
Click HERE to Access and Print the Letter of Invitation			

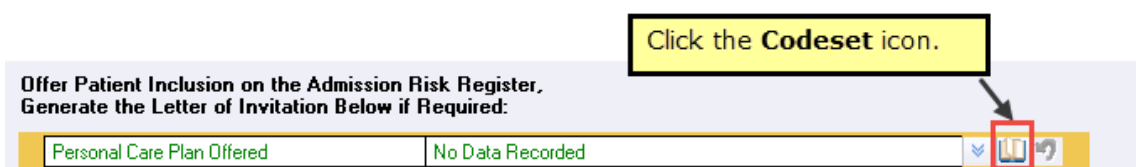
Personalised Care Plan Invitation Letter

- Microsoft Word opens and the invitation letter displays with the patient demographic information automatically populated.
- Click **Print** to print the letter.
- Close the Word document. If you alter the document you are prompted to save the changes - click **Yes**.

Note - The letter is taken from the DES template and can be amended. For more information see the on-screen help for BlueBayCT Template Design.

Record Personal Care Plan Offered

- To place the patient on the register you need to record that you have invited the patient to enrol on the avoidance admission register, to do this;
- Click the **Codeset**  icon at the end of Personal Care Plan Offered line.



Personalised Care Plan Manager - Offer

3. Tick the apply box alongside the Read code **9NS5 - Personal Care Plan offered**.

Codeset Codes							
Comments >> Show More							
Apply	Priority	Episode Type	Event Date	Read Code	Description	Value	Comments
<input type="checkbox"/>			28/07/2014	9NS5.	Personal care plan offered		

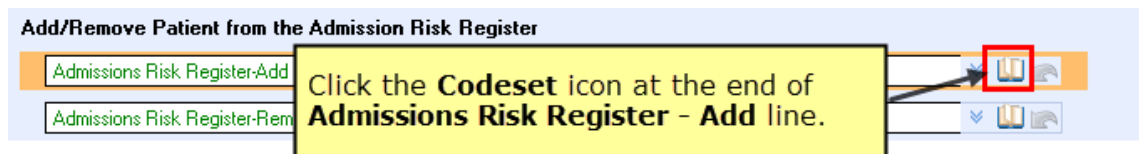
Offered Read code

4. Click **OK** to save the changes.

Add the Patient to the Personalised Care Manager Register

You must also add the patient to the Admissions Risk Register.

1. Click the **Codeset** icon on the **Admissions Risk Register - Add** line.



Admissions Risk Register - Add

2. Place a tick in the **Apply** box alongside the Read code **8CV4 - Admission Avoidance care started**, optionally change the date.
3. Click **OK**.

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