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## KNOWING THE PEOPLE PLANNING AT OTAGO DHB

### AT A GLANCE

- What:** Otago District Health Board's success with using Knowing the People Planning (KPP).  
**Why:** To effectively meet the needs of their long-term service users.  
**How:** By using the KPP evaluation system, the recovery process is monitored, relapse preventions plans are up-to-date and service delivery improved.  
**Target:** Long-term service users who have been in the service for two years or more.  
**Where:** Community mental health service within Otago District Health Board (DHB).

### THE PROFILE

Knowing the People Planning (KPP) is an evaluation system that supports the planning and delivery of mental health services. It was developed in New Zealand in 1999 with a goal of meeting the needs of long-term service users. KPP focuses on personal growth and self-management of service users and relies on the accountability of the respective mental health team. It is a point of coordination between health and social support and can be used to evaluate how mental health services are delivered. KPP is based on 10 key features of good mental health service provision, as identified by service users, their families and clinicians. The health features include concerns such as prompt access to services when needed, personal assessment and treatment plan, relapse prevention and health treatment and advice. The social features include concerns such as social support, service accountability and coordination of services. Visit [www.tepou.co.nz/kpp](http://www.tepou.co.nz/kpp) for more information on KPP, including resources for implementing KPP in your team or service.

Otago DHB mental health service has five community mental health teams (CMHT) and KPP is used across all of them. The KPP data entry spreadsheet has now been incorporated into their electronic patient management system. There are currently 790 clients who meet their KPP criteria, representing approximately 46 per cent of the total adult CMHT caseload.

### THE BEGINNINGS

In 2002 and 2003 Otago DHB held a strategic review of their mental health services. The management of the community mental health services were interested in the potential of the KPP as a way to gain a better understanding of the needs of their long-term service users. Otago DHB held discussions with David King and Barry Walsh (the KPP founders) on how KPP could be implemented and refined to suit their local needs. Otago DHB's information technology department was involved from the beginning to enable the integration of the KPP with existing clinical systems. The aim was to decrease duplication of work and increase the information use. For example [MH-SMART](#) data can be matched with KPP information. Staff contributed to the development of the evaluation system by providing feedback about the forms and templates. In 2005 Otago DHB ran a trial of collecting and analysing KPP data. Some further refinements were made to the data collection form in order to capture the right information, ensuring meaningful reports could be created. It was envisaged that integrating KPP into the electronic system would simplify the process of gathering generic data (such as numbers of admissions to and discharges from tertiary and

secondary mental health care), personal information provided by service users and needs assessments. In July 2009, KPP data collection was integrated into Otago CMHT's patient management system.

The implementation of the evaluation system was run as a short-term project and managed by the special projects coordinator. At present the KPP process is run by charge nurse managers in each of the teams and is overseen by the service manager.

### THE PROCESS

The service user data (which forms the basis of KPP) is entered onto an excel spreadsheet, a process which takes about 10 minutes. Services can decide how often they want the aggregated information returned to them – for more information visit '[getting started](#)' on Te Pou's KPP website. This information can be used both for day-to-day management and service planning.

#### Prior to 1 July 2009

- Clinicians of service users who have been with the mental health services for two or more years completed the manual forms which were generated every six months.
- The data was collated into reports which were circulated to charge nurse managers/teams for review, feedback and action.

#### Post 1 July 2009

- The KPP spreadsheet has been integrated into the newly implemented electronic system. Clinicians now enter and update data directly on the electronic system. Reports are produced every 3-6 months.

### THE UNIQUE APPROACH

- Integration of KPP data into the new patient management system and linking with MH-Smart allows for more accurate data collection and ultimately more meaningful and useful reports.
- KPP uses data collection to identify gaps in service provision at both an individual and service level.
- The information gathered helps to identify and provide specific and more flexible individualised support to long-term service users.

### THE RESULTS

For the period July 2005 – June 2009, KPP has made a difference to service users of the Otago District Health Board.

- The number of service users who have been in the service for two years or more decreased from 850 (2007) to 790 (2009).
- Sixty-four per cent of long-term service users changed from standard oral and depot medications to new generation options or combination of these medications.
- To date seventy-six per cent of long-term service users have a current treatment plan, with 24 per cent requiring follow up.
- KPP allowed Otago DHB to identify a number of service users who were being case-managed by secondary services while living in supported accommodation. As a result they set up a project to look at the potential to discharge some of this group from secondary community mental health services to avoid the duplication of resources.
- The number of service users who did not have a GP decreased from 19 per cent in 2007 to 12 per cent in 2009. The data showed there was a small group who were not visiting a GP. Otago DHB mental health service looked at alternative ways they could get this group to have a physical health check up. With assistance from the nurse practitioner and students from the physical health assessment course at a local teaching institute, a regular clinic was set up and run. This engaged the greater majority of these people and provided an opportunity for a comprehensive physical assessment.
- Service users in employment increased from 22 per cent (2007) to 28 per cent (2009). Employment, training and/or study are areas of particular interest and concern due to the high number of people without formal daily activity. Otago DHB mental health service have used the KPP information to adapt the community day programmes to provide more focused modules around return to work/employment, healthy lifestyles including metabolic monitoring, diet, exercise etc.

### THE LESSONS LEARNT

- Data collection procedures needed to be clearly defined for particular subgroups as some long-term service users have different frequencies of contact with mental health services.
- Crisis/inpatient information is essential in identifying the 'high needs' service user, an area that requires close attention, particularly in relation to the high bed occupancy rates.
- Linking KPP to [HoNOS](#) (Health of Nation Outcome Score) and MH-SMART gives a more comprehensive picture of the well-being of the service users.
- Involving staff when developing the KPP assessment helped engage clinicians with its use and understand its benefits.
- The data collection coordinator role was key to implementing KPP.

### MORE INFORMATION

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#### Website

- [Otago DHB](#)

