

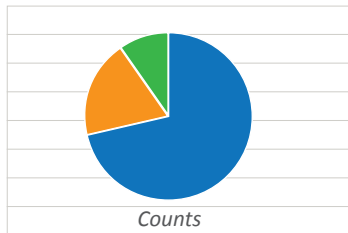
The FACE Outcomes Reporting Suite

Winner of the Best NHS Scotland eHealth initiative supporting quality improvement of patient service or outcomes 2010

Awarded by the Chartered Institute for IT

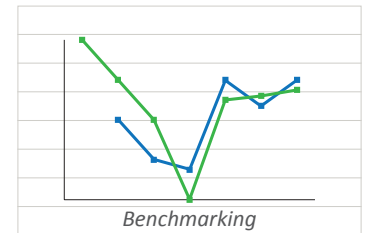
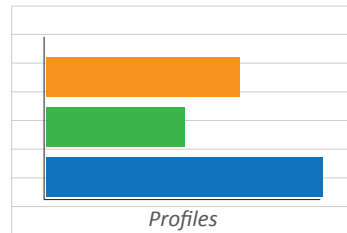
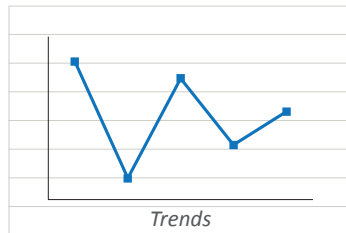
Focusing on outcomes

The emphasis of modern health and social provision is on demonstrating positive outcomes. The FACE Outcomes Reporting Suite provides a complete easy-to-use solution to the outcomes measurement requirements of health and social care practitioners, managers, providers and commissioners.



Graphical outcomes

Complex personal information is displayed in a format that enables easy monitoring of all aspects of needs and care, from suicide risk to success in achieving independence. Attractive line graphs and bar charts provide views of both high-level and in-depth outcomes for both individuals and groups.



Data analysis made simple

The software calculates all the basic statistics that are required for routine purposes – such as counts, percentages, means, standard deviations and statistical tests of significance. Simply turn on or off the options you require as you browse your data.

Practical applications

The software enables you to report on:

- Achievement of personal outcomes
- Service user/patient satisfaction
- PROMs (patient-reported outcome measures)
- Health and social care outcomes
- Quality of life outcomes
- Performance monitoring
- Quality improvement
- Serious incidents
- Audit
- Variance from care pathways
- Standards compliance
- Service-related research
- Clinical trials

The software provides accessible, immediate feedback at service user, practitioner, management, commissioning and strategic levels - and in a more dynamic and interactive way than has previously been possible.

Filters

The FACE software enables you to filter the data in a variety of ways, thereby ensuring that you can easily access any view of the data that has been collected. Filters include:

- Date range
- Demographic filters – e.g. sort the data by gender, age, ethnicity or location
- Service filters – e.g. sort the data by team, speciality, practitioner or care group
- Descriptive filters – e.g. sort by clinical or social characteristics
- Diagnostic filters – e.g. filter by ICD-10 diagnosis
- Status filters – e.g. sort by risk or health status

Filters may be used either singly or in combination. For example, you could compare the outcomes of women presenting a high level of risk and living alone seen by Team A in 2010 with those with similar characteristics seen by Team B in 2009.

Monitor trends

Outcomes data is most useful when used repeatedly rather than on a one-off basis. Trends can be monitored graphically and statistically, enabling you to answer such questions as:

- Have outcomes improved as a result of the support you provided, new clinical interventions or management changes?
- Is performance improving from one year to the next?
- Have patient/service user experience and satisfaction improved? Did they feel you really helped?
- Has the number and pattern of serious incidents changed in a service, team or ward?
- Has the needs profile of your new referrals changed from one year to the next?
- Have your thresholds for admission and discharge changed from one year to the next?

Benchmarking

The software profiles the needs, health, well-being and outcomes of the population you serve and enables you to compare the well-being and outcomes of different sub-groups. Set up any local benchmark you wish and then compare the outcomes of any individual or group against that benchmark. For example, compare this year's outcomes with last year's outcomes in a particular specialty; compare the outcomes of two types of intervention; or compare an individual service user's outcomes with that of other service users with similar needs.

The software will also allow you to compare any team, service or organisation's performance with any other providers who use similar outcomes measures. So if you belong to a benchmarking club, why not use the software to provide easy real time comparisons of performance on your chosen indicators?

Capturing the data

Outcomes data can be entered directly into the FACE Outcomes software, using our intuitive data entry facilities. Alternatively, you can use your existing health or social care database to collect the data but use the FACE software for outcomes reporting. We offer a simple standard interface that will work with literally any outcome measure or personal data that you wish to analyse.

Ease of use and set up

The beauty of the FACE Outcomes Software lies in its ease of use. No specialist IT skills or query writing are required to set up or use the software – one brief training session and you will have immediate access to your data in user-friendly graphical or tabular formats.

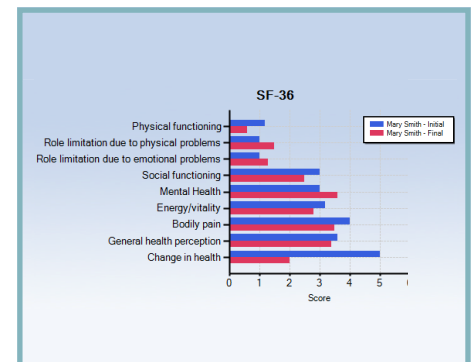
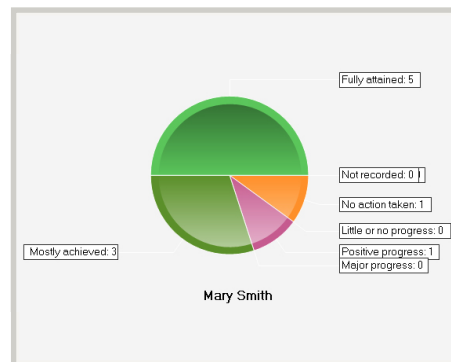
Furthermore, if you wish to access more complex analyses available from dedicated statistical software such as SPSS or Stata then our straightforward export facilities will export your data in a format tailored for easy use by such packages.

More information

For more information please contact Aidan Morris on +44 (0) 7920 099 288 or email aidan@face.eu.com

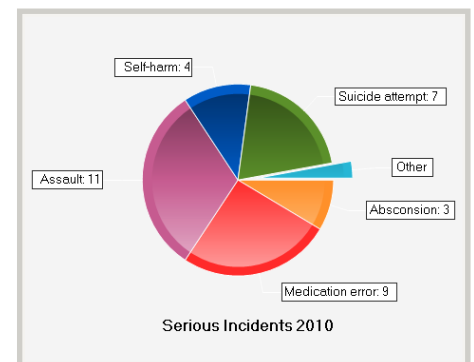
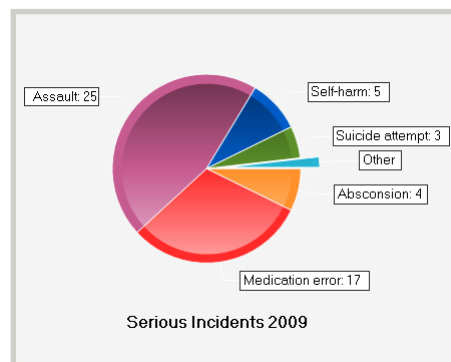
Example 1: Service user and patient reported outcomes

The Outcomes software can be used to explore outcomes as perceived by patients and service users. The first graph shows the extent to which the personal goals of Mary Smith have been achieved. Her goals have been largely achieved and this is reflected in her scores on the SF-36 health outcome measure (second graph), where her scores have improved in all domains.



Example 2: Managing risk in mental health services

This example illustrates use of the software for risk management. The first pie chart shows the number of serious incidents of different types recorded in Hillside Mental Health Service in 2009. There were a high proportion of medication errors and assaults.



In response to these figures Hillside introduced new prescribing guidelines and a new risk management policy. In 2010 the overall number of serious incidents has declined and the proportion of incidents involving medication errors and assaults has also reduced (pie chart 2). In line with the drop in numbers of incidents perceived levels of risk to others dropped from 2009 to 2010 (see graph below).

