

London and South East CYP-IAPT Learning Collaborative

Top tips for Data

By attendees of the Assistants Implementation Group

Creating/maintaining a database

- **Keep it Simple** – use **Excel** databases that are known to most people and can be easily accessed
 - Use **track changes** in order to easily identify mistakes
 - Save a **new version** of the database for any major changes so it's easier to revert back if needed
 - Use **data validation** to specify the limits of what can go in each column to reduce mistakes
 - Familiarise yourself with some timesaving **formulas** such as COUNTIF and VLOOKUP, and use of **pivot tables** (YouTube is full of videos that can guide you through)
- If you're moving between sites, try and use **one computer/encrypted memory stick** to avoid duplicated documents and mistakes
- Keep note of any **exceptions** so this is included in reporting (e.g. unable to complete measures)

Making life easier for clinicians

- Consistent **colour coding** can help people find what they need quickly and easily
- **Regular contact** with clinicians helps to answer queries and resolve any issues
- Consider the **computer literateness** of staff inputting onto electronic records or databases
 - A step by step **guide** might be helpful. Video guides are especially helpful to show people how to do things that might seem complex (e.g. uploading scores to patient records) – you might be able to record with your phone.
 - Hold **drop in sessions and demonstrations** for those who have queries or are struggling
- **Monthly feedback emails** or **caseload reviews** can serve as a helpful reminder of what needs to be done and keeps measures on the agenda
- Leave forms in clinic rooms or in **visible and easily accessible** areas
- Make up **packs** that are ready to use
- Some services use '**live scoring**' – assistants are on hand to score completed measures so they can be used in sessions/assessments
- Make it clear **what is expected** – what is mandatory, what is optional, what is recommended?

Culture change

- Have outcomes as a **standing item** on team meeting agendas and problem solve around issues
- Include **training** in new inductions for staff and trainees

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- Establish **feedback loops** so clinicians are recognised for their hard work (e.g. monthly team reports or newsletters)
- **Listen to clinicians** – informally, through a quick survey ([mentimeter](#) is quick and easy!). What are the main reasons for not using measures? What are the possible solutions to these? What do they think would help?
- Make and **maintain links with your IT/informatics** department. They may be able to advise around specific issues

Approach

- A **flexible and supportive approach** is most helpful. Many clinicians are not used to using measures and there are legitimate reasons why they are unable to use measures with some cases. It can take time for clinicians to comfortably integrate use of measures into their work. Also, some IT systems can make collecting data very difficult and time consuming.
 - Hold workshops for any particular issues that come up – these can be for specific disciplines if helpful
 - Drop in sessions for any queries
 - Technology demonstrations for those who are not confident
- Emphasising the **clinical usefulness** and **shared decision making** aspects of outcome measures and avoid presenting them as a ‘tick box’ exercise.
- **Be a ‘champion’ for outcome measures** – answer questions, offer to explain, bring it up in meetings, encourage conversation and be persistent!