



***National Treatment Agency  
for Substance Misuse***

**National Drug Treatment Monitoring System (NDTMS)**

**The Treatment Outcomes Profile (TOP) Reporting**

**Technical Notes**

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## Revision History

Version	Author	Purpose/Reason	Date
1.00	Various	Initial draft on new functionality for Top Reporting	30/10/2009

## External References

Ref No	Title	Version
1		
2		

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# **1 INTRODUCTION**

## **1.1 Background**

The NTA are committed to the continued development of high quality, effective, and evidence based treatment that delivers the best outcomes for those that need it. In delivering against this commitment, it is necessary to understand and monitor the effectiveness of the treatment system based on the outcomes that it is achieving for clients i.e. things that make a real difference to the lives of clients and the wider community.

The Treatment Outcomes Profile (TOP) has been introduced for this purpose. It provides key workers with a tool that is clinically useful, and enables the NTA to monitor the effectiveness of the treatment system, while supporting commissioners and treatment providers in making improvements, where necessary in the local treatment system.

## **1.2 Compliance**

In order for the information provided by the TOP to be considered reliable, then a high completion rate for each client at each of the key treatment stages (treatment start, review and exit) is necessary. If this is not achieved then it is possible that the interpretation of the data will be distorted by sample bias and may show that the treatment system is performing better or worse than it really is. To minimise the risk of sample bias a threshold for TOP compliance has been set at 80%. This is considered to be sufficiently high to minimise the risk of sample bias.

The NTA are committed to working with partnerships and providers to improve compliance. We have developed a series of flags (prompts) and reporting functions within the Data Entry Tool (DET). The flags (prompts) simply aim to highlight some of the most common issues and prompt the user to think about whether what they are inputting is correct. They also designed to provide the user with enough forewarning to complete where it is missing.

The report functions are designed to help providers develop a better understanding of their data, and areas that are affecting their performance. The reports are particularly useful for generating lists of clients that are due a TOP as well as understanding the issues that have contributed to poor compliance in the past. Lastly, a clinical reporting function has been included that summarises all TOP scores for a particular client in order to demonstrate their progress or lack of progress during treatment. This report will be of particular use when undertaking the care plan review.

These technical notes aim to provide data managers with further information in which to improve TOP completion and reporting performance within their service.

## 2 TOP FLAGS (PROMPTS)

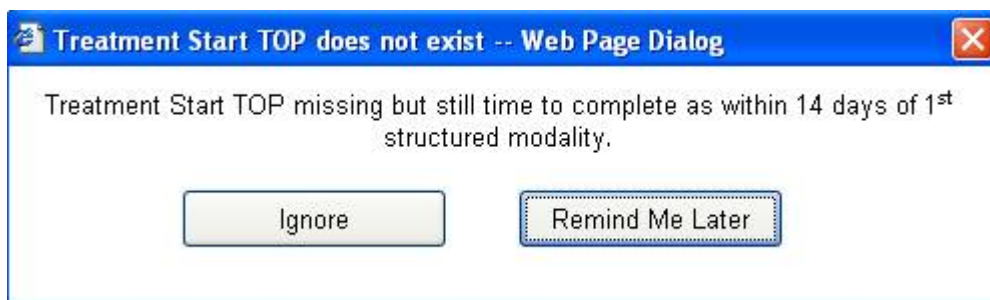
All prompts can be acknowledged by either selecting "ignore" or "remind me later". There will be instances due to a client's movement across a treatment system, where source flags do not apply. Therefore selecting ignore is perfectly valid. It will simply stop the prompt from being displayed again.

### 2.1 Treatment Start TOP does not exist

This prompt is designed to help providers increase their reporting compliance for the Treatment Start TOP.

The prompt will appear when a client has started their first structured treatment modality but no Treatment Start TOP has been entered.

It will only appear where providers still have time for it to be entered according to the protocol (up to 14-days after the first modality start date).



### 2.2 Review TOP present but missing Treatment Start TOP

This flag is to ensure the correct treatment stage is being used. Usually a Start TOP is completed prior to a Review TOP. It may however be correct to submit a Review TOP in the absence of a Start TOP. If the window for the Treatment Start TOP has been missed or is not valid e.g. where a client started treatment with another provider, simply click ignore.



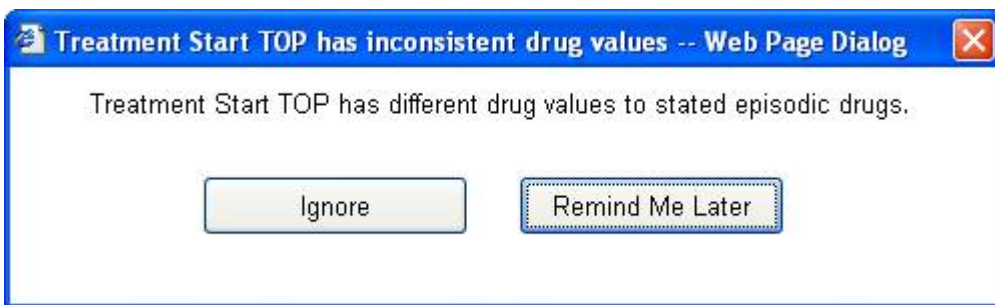
### 2.3 Treatment Start TOP has inconsistent drug values

This prompt is designed to highlight that the drug information recorded on the TOP is different to that reported at Triage (episodic data).

For example; TOP > opiate use = '0' or 'NA' BUT triage > DRUG1, DRUG2, DRUG3 = heroin or methadone or other opioid

It aims to help providers improve data quality by highlighting such inconsistencies as they emerge.

It may help to highlight training issues regarding the completion of TOP and ensure that it is being completed and reported consistently without the agency.



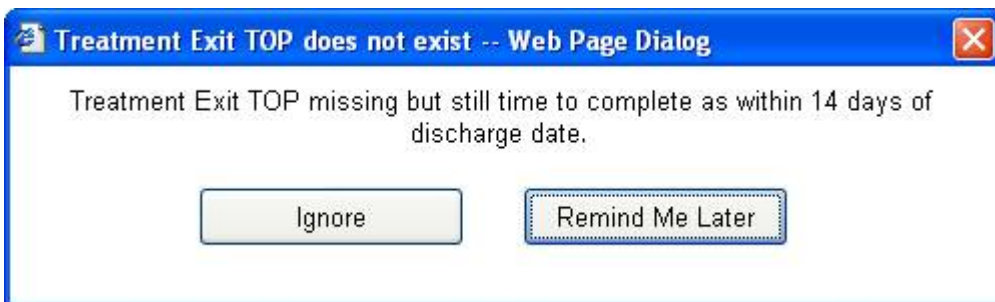
### 2.4 Treatment Exit TOP does not exist

This flag (prompt) is designed to help providers in increasing their TOP compliance for the Treatment Exit TOP.

It highlights all clients that have had a 'planned discharge' in accordance with both adult and YP discharge codes.

This prompt will only appear where there is still time to complete the Treatment Exit TOP e.g. in the 14 days after the discharge date – either in person or by telephone.

It may be that the client is completing treatment elsewhere. Under such circumstances, clicking 'ignore' is reasonable as the Exit TOP is for the end of the treatment journey.



### **3 TOP REPORT CATEGORIES**

The following reports have been developed as a useful function to help providers better understand their TOP data, compliance and plan for future improvements.

#### **3.1 Missing Treatment Start TOP**

The Treatment Start TOP provides information on substance use and related behaviour in the 28 days prior to engaging in structured treatment. This acts as a baseline measure in which subsequent review and Exit TOPs can be compared. The difference between the two time points demonstrates change or the client outcome.

It is expected that 80% of all eligible clients starting a new Tier 3 or 4 structured treatment journey will have a Treatment Start TOP reported to the NDTMS.

This report aims to help providers identify all clients with a missing Treatment Start TOP. This report may be run prospectively to identify clients who are still within the +2 week window and eligible for reporting. Conversely, this report may be run retrospectively in order to develop your knowledge of the areas of the service that are performing less well and inform planned improvements and training.

There will be genuine cases where clients are highlighted in this reported although it is valid for a Treatment Start TOP to be missing e.g. a client who has started their structured treatment journey with a different provider prior to being transferred. However, as the majority of clients start and finish treatment with one provider it is anticipated that this report will help support improvements in treatment start compliance.

In cases where client records on DET are being continuously updated, we recommend that this report be run on a weekly basis (prospectively). This way, if a client is missing a treatment start TOP the keyworker may have sufficient time to complete it and ensure it is entered on the system with the client and for this information to count in their compliance with TOP.

#### **3.2 Treatment Start TOP outside Protocol**

A Treatment Start TOP that is reported outside of the protocol will not count towards the overall compliance the treatment stage.

For a treatment start TOP to be used in order to establish baseline data on clients entering treatment, it needs to be completed within 2 weeks (+/- 2 weeks) either side of the first modality start. There is a sound reason for this. If the TOP is done more than 2 weeks before treatment starts, there is a good chance that some aspects of the clients life will have changed in that period and it would not necessarily be showing an accurate picture of their pre-treatment issues. However, if the TOP is completed more than two weeks after treatment starts, there is a worry

that clients may not be able to recollect accurately what they were like in the month leading up to the start of treatment.

It is obviously preferable that if a treatment start TOP is to be completed, it should be completed in the timeframe that will count towards the provider's compliance (i.e. +/- 2 weeks surrounding treatment). There may be reasons why the occasional TOP is done outside this timeframe, but if there appear to be many of them occurring, for example in the last quarter, it would be useful for managers to know this so that they can consider what improvements can be made.

This report does precisely that. To be used in conjunction with the Missing Treatment Start TOP report (which shows how many are missing), this report shows of those that are completed, which ones will not count towards compliance levels.

### **3.3 Treatment Start TOP with Inconsistent Drug Values**

The presenting problem for a client accessing treatment will usually involve a single or multiple substances that are currently being used and for which treatment is sought. These drugs will be captured at triage as drugs 1,2,3. It is generally expected that the client is actually using drug 1,2,3 prior to starting a structured treatment intervention.

This may seem obvious, but it is not always the case. There are instances where the drugs reported at triage are inconsistent with those reported on the TOP despite the brief period of time that has elapsed e.g TOP will report '0' days use for a drug cited as problematic.

These inconsistencies may be valid in some cases e.g. where a client recognises situations in their life that may entice them back into drug use. In such an instance, it may be appropriate to access treatment for relapse prevention work.

This report gives providers an opportunity to monitor the quality of information being recorded and the frequency of instances in which the client cites a drug as being problematic at triage but reports zero use of that drug on TOP when treatment starts. It is not intended as a list of definite mistakes in the data. Instead, it should be used as a gauge to determine whether there are high levels of such instances. If there are mismatches exceeding about 10% of all clients starting treatment in the timeframe being considered, it would seem prudent to investigate whether this is accurate or is perhaps the result of keystroke error.

### **3.4 Treatment Start TOP with Inconsistent Drug Values II**

Related to the above, some clients tend to report on their treatment start TOP that they are using a drug that they have not cited as being problematic at triage. In terms of alcohol, cocaine powder, amphetamine and cannabis, it may be the case that low levels of use are not deemed to be problematic by the client and such substance use is not something the client is seeking treatment for. That said, daily or near daily use of these substances may prove problematic. In terms of opiates

and crack however, the NTA would not consider these substances as ones in which recreational is possible due to their dependency liability.

For all drugs present on TOP, this report will isolate individuals who are using a drug between 1 and 28 days at the start of treatment if such a drug is not cited as problematic in drug one, two or three at triage. It is recommended that if there are large numbers of discrepancies here, it may be useful to re-evaluate client case notes or consult the client again.

If there has been an omission on drug one, two or three, then it is a good idea to amend this, so that it reflects any problematic drug that the client reports on a TOP.

### **3.5 Treatment Start TOP with Inconsistent Injecting Status Data**

Injecting drugs is an area of high concern for all involved in drug treatment in England, not least for the potential for drug-related deaths and the transmission of BBVs. It is unlikely that an individual who presents to treatment having never injected, then goes on to start injecting by the time treatment starts a few weeks later. It is likely that such instances on the database are the result of keystroke errors or – potentially – something that the client did not want to admit to when initially presenting.

This report identifies all clients that initially report having never injected who then go on to report injecting 1-28 days at treatment start. It is suggested that all such instances are investigated and changes are made to the records where appropriate.

### **3.6 Client missing review TOP**

The TOP should be completed with the client as part of the care plan and review process and reported to the NDTMS in 26-week (6-month) cycles of review. The reporting of the Review TOP is independent of the frequency in which it is completed as part of the care plan review.

This report has been introduced to assist providers in managing the reporting of Review TOPs. This is to maximise the number that are completed according to the protocol and therefore count towards the compliance threshold.

The report lists all client episodes that do not have a Review TOP. This information can be used for the following purposes;

- To identify which clients are due a review TOP - informing the keyworker/care coordinator will support the timely completion of TOP and improve overall compliance.
- To identify retrospectively those clients that did not have a review TOP – this information may be particularly helpful in identifying individuals or areas of the service that are performing less well.

### 3.6.1 Identify which clients are due a review TOP

In order to enhance information management and reporting as well as clinical practice then data managers may find it useful to generate reports that highlight clients who have outstanding TOP's for a specific reporting period. This report will provide a prompt for keyworkers to complete the Review TOP and ensure it is entered on the system prior to the end of the reporting period.

### 3.6.2 Identify retrospectively those clients that did not have a review TOP

Some providers may find it useful to generate retrospective 'missing TOP Review reports' – especially where compliance is generally low, or to inform internal TOP/other audits. These reports are also useful in identifying the exact area of the service that are negatively affecting TOP compliance.

Please refer to TOP REPORT SAMPLE for further details of the report.

## **3.7 Discharge Clients with Missing Treatment Exit Top**

Effective change can only really be measured by comparing what a client was like at the start of treatment with the reported behaviours at the end of treatment. When a client is exiting treatment in a planned way, it is expected that the majority of these (80%+) would have a TOP to document the success of the provider-client relationship.

This report identifies which clients have a discharge date and are missing a treatment exit TOP. However, since it is much harder to complete a TOP in those instances where a client leaves in an unplanned way, the report groups those missing a treatment exit TOP by planned, unplanned and not specified.

In cases where a Treatment Exit TOP has not been completed, then all reasonable effort should be made to complete this via the telephone, with the client. The TOP should never be completed without the clients input.

## **3.8 Treatment Exit Top outside Protocol**

Similarly, to the treatment start TOP, it is important that when a treatment exit TOP is completed, it is completed within the specified timeframe of +/- 2 weeks of the discharge date. If the TOP is too early it may not fully show the entire gains a client made while in treatment. Conversely, if the TOP is too late, it may be over-estimating the treatment effect. To moderate both of these possibilities, the treatment exit TOP will only be analysed if it is within +/- 2 weeks of treatment exit.

## 4 GETTING STARTED

This section details the steps required for getting started with the DET.

### 4.1 Logging In to the System

Users access the DET via the Internet. The web address is:

<https://www.ndtms.org/det/>

**Note:** you must type in the web address exactly as above (with trailing /); older Internet browsers may not display the page correctly otherwise.

If the website is unavailable (e.g. page not available), help can be obtained from the NTA website:

<http://www.nta.nhs.uk/programme/national/contacts.htm>

If you are unable to access the DET (user name not recognised), please contact your regional administrator using the phone number given on the login screen.

### 4.2 A note on Passwords

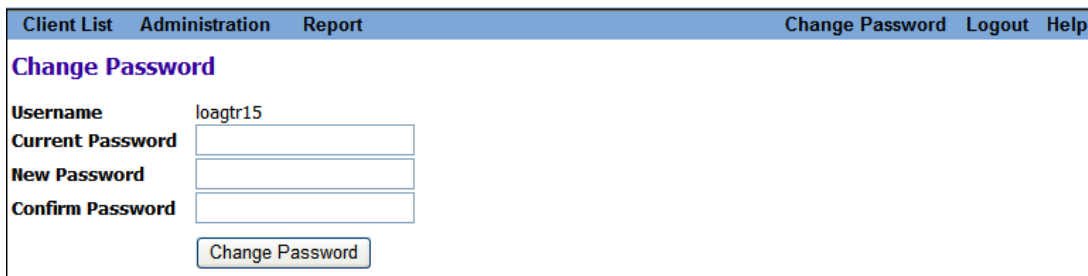
- First time users will be requested to change their password
- Passwords must be between 6 and 20 characters
- Passwords must contain at least one number and one letter
- A new password cannot be the same as the previous password or the username
- If an invalid password is entered three times in a row, the user name will be disabled.

For example, a valid password might be; AgencyYH3.

Please contact your regional DET administrator to reset the password.

### 4.3 Changing Passwords

Password changes may be enforced if your user account requires it, in which case the following screen will appear directly after you log on.



Client List	Administration	Report	Change Password	Logout	Help
<b>Change Password</b>					
Username	loagtr15				
Current Password	<input type="password"/>				
New Password	<input type="password"/>				
Confirm Password	<input type="password"/>				
<input type="button" value="Change Password"/>					

Figure 3 – Change Password page

To change your password:

- Click on “Change Password”
- Enter your current password in the “Current Password” field
- Enter your new password in the “New Password” field

- Enter your new password in the "Confirm Password" field
- Press "Change Password" button

#### **4.4 Lost or Forgotten Passwords**

You can retrieve your password if you have forgotten it. To do this, follow these steps:

- Click on "Lost Password" link on the DET homepage
- Enter your email address associated with your user name
- Click on "Email Password" button

## 5 HOW TO REVIEW AND GENERATE TOP REPORTS

Follow the instructions below to review and generate TOP reports.

After logging on to DET, as described in section 3, the "Client List" screen will appear (see figure 2).

The screenshot shows the NDTMS Data Entry Tool interface. At the top, there are navigation tabs: Client List, Administration, Report (circled in red), Change Password, Logout, and Help. Below the tabs, the main content area is titled 'Client List (create)'. It features a table with the following columns: First Name, Surname, Date of Birth, Client Ref, and Created Date. The table contains eight rows of client data, each with a 'Select' link in the first column. The left sidebar contains the following sections:

- Options**: Filter By (All Clients), Search on (First Name, Surname, Client Reference), Apply, Reset.
- Navigation**: [Keyworker Report](#), [NDTMS Extract](#).

At the bottom of the page, it displays: Logged in as: loagtr15, Agency: NW agency 3 (T0015), and Current Date: 03-06-2009.

	First Name	Surname	Date of Birth	Client Ref	Created Date
Select	a	f	01-01-2000		11-05-2009
Select	J	J	12-10-1975	JJ000	08-05-2009
Select	J	K	12-10-1975	JJ001	08-05-2009
Select	J	L	12-10-1975	JJ002	08-05-2009
Select	J	M	10-01-1999	JJ003	08-05-2009
Select	J	N	12-10-1975	JJ004	08-05-2009
Select	J	O	12-10-1975	JJ005	08-05-2009
Select	J	P	12-10-1975	JJ006	08-05-2009
Select	J	Q	12-10-1975	JJ007	08-05-2009

Figure 4 – Client list page

Click on "Report" from the "Client List" screen (above). This will take you to the "TOP Reporting" screen as shown in figure 3.

Client List Administration Report Change Password Logout Help

**NDTMS**  
Data Entry Tool

**NHS**  
National Treatment Agency  
for Substance Misuse

Navigation  
[< Back to Client List](#)

**TOP Reporting**

**Report** Missing Treatment Start TOP

**Modality Range** Start End

**Select Format** PDF

**Include/Exclude** Exclude Episodes with TOP flag set to ignore

**Report and Validate**

Review Report Generate Report

**Validation Output**

Logged in as: loagtr15 Current Date: 03-06-2009  
Agency: NW agency 3 (T0015)

Figure 5 – TOP report parameter selection page

From the “Top Reporting” screen (above):

1. Select the type of report required from the drop down “Report” menu.

Missing Treatment Start TOP

Missing Treatment Start TOP

Treatment Start TOP outside Protocol

Treatment Start TOP with inconsistent Drug values

Treatment Start TOP with inconsistent Drug values II

Treatment Start TOP with inconsistent injecting status

Discharge clients with missing treatment exit TOP

Treatment exit TOP outside protocol

Figure 6 – TOP report drop down list

2. Enter the “Modality Range” in the start and end date fields.

3. Select the preferred format (either PDF or Excel) in which the report is to be generated from the drop down menu.

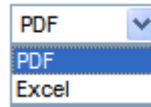


Figure 7 – Report format drop down list

4. Next choose to either include or exclude episodes with TOP flag set to ignore from the drop down menu.



Figure 8 – Include/exclude episodes with flag set to ignore

**Note:** the above option of being able to either include or exclude episodes with TOP flag set to ignore is only available for generating reports on: Missing Treatment Start TOP, Discharged Clients with Missing Treatment Exit TOP and, Treatment Exit TOP outside Protocol.

5. Subsequently, one can review and/or generate the report by clicking on the respective “Review Report” or “Generate Report” buttons as shown on the “Top Reporting” screen and reproduced below.



Figure 9 – Review/generate report buttons

- a. The ‘Review Report’ button will open a new window in your web browser to display the report.
- b. The ‘Generate Report’ button will generate the “click here to save report extract” link as shown in the screenshot (figure 8). Click on this link to save the report.

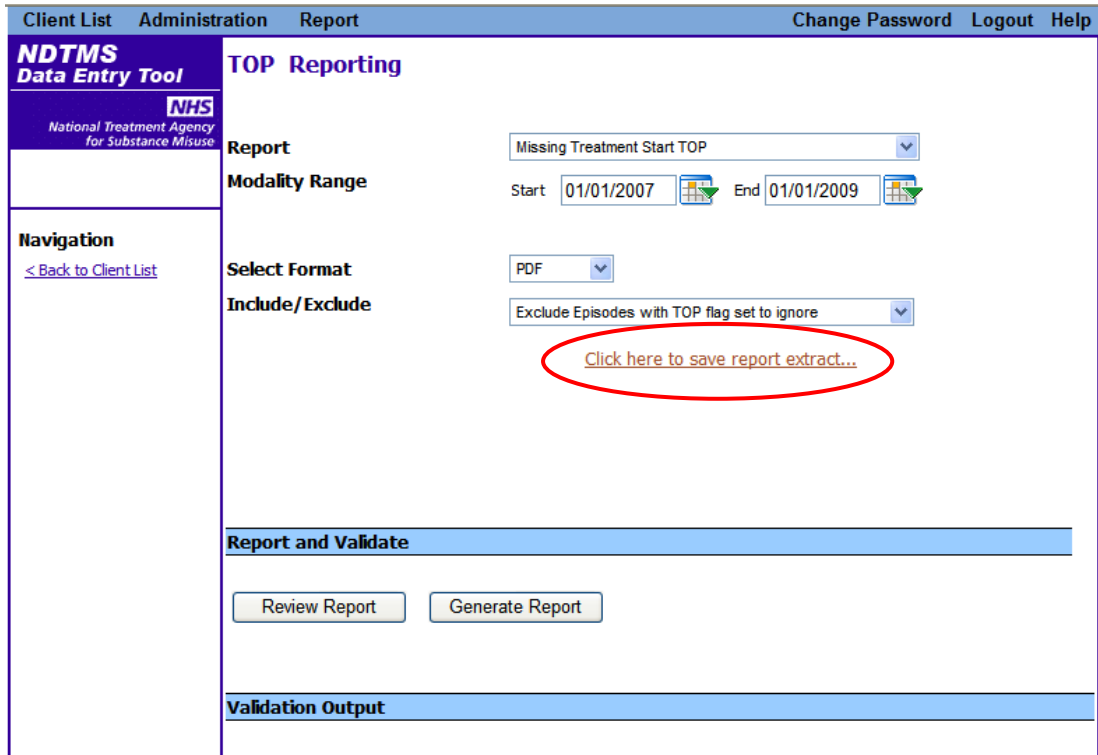


Figure 10 – Generate report link on TOP report parameter selection page

6. Consequently, one will be prompted to choose to either open, save, or cancel, the generated report. Click on save to save a copy of the report.

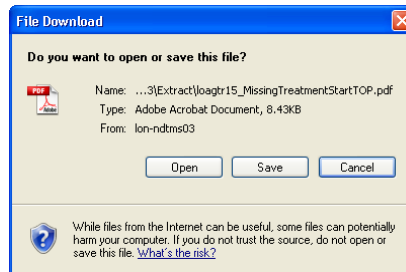


Figure 11 – Save report dialog box

## 6 TOP REPORT SAMPLES

In this section, a representative sample of TOP reports generated for the different categories described earlier (see section 2) are shown.

### Missing Treatment Start TOP

<b>DET -DET</b> <span style="float: right;"><b>NHS</b> National Treatment Agency for Substance Misuse</span> Data Entry Tool <span style="margin-left: 100px;"><b>Missing Treatment Start TOP</b></span> Agency: T0006 Modality Period: 01 January 2007 - 01 January 2009							
Key Worker	Clients Name	DOB	Sex	Client Ref	Modality	Date Referred to Modality	Modality Start Date
DET Training	AB	10-07-1967	M	HC670710	Specialist prescribing	12-03-2007	27-03-2007
DET Training	AB	09-06-1972	M	HC720609	Specialist prescribing	28-06-2007	07-08-2007
DET Training	AB	09-06-1972	M	HC720609	Specialist prescribing	29-09-2008	13-10-2008
DET Training	AC	07-05-1947	M	HC470507	Structured alcohol intervention	24-04-2007	04-05-2007
DET Training	AC	13-01-1958	F	HC580113	Structured alcohol intervention	25-07-2007	01-08-2007
DET Training	AC	15-03-1985	M	HC850315	Other structured intervention	28-01-2008	04-02-2008
DET Training	AD	16-05-1975	M	HC750516	Structured alcohol intervention	24-11-2008	15-12-2008

Figure 12 - Missing treatment start TOP report

### Treatment Start TOP outside Protocol

This report displays modalities where the treatment start TOP is more than +/- 2 weeks from the modality start date.

<b>DET -DET</b> <span style="float: right;"><b>NHS</b> National Treatment Agency for Substance Misuse</span> Data Entry Tool <span style="margin-left: 100px;"><b>Treatment Start TOP outside Protocol</b></span> Agency: T0006 Treatment Start TOP Period: 01 January 2007 - 01 January 2009								
Key Worker	Clients Name	DOB	Sex	Client Ref	Modality	Date Referred to Modality	Modality Start Date	Treatment Start TOP Date
DET Training	AH	15-08-1976	M	HC760815	Structured alcohol intervention	07-02-2008	13-02-2008	06-03-2008
DET Training	AW	04-07-1947	M	HC470704	Structured alcohol intervention	26-03-2008	28-03-2008	17-04-2008
DET Training	CS	10-03-1970	F	HC700310	Other structured intervention	10-04-2006	10-04-2006	07-02-2008
DET Training	CS	10-03-1970	F	HC700310	Specialist prescribing	25-04-2006	25-04-2006	07-02-2008
DET Training	GL	23-01-1942	M	HC420123	Structured alcohol intervention	07-03-2008	12-03-2008	03-04-2008
DET Training	LN	05-04-1976	M	HC760405	Structured alcohol intervention	17-09-2008	23-09-2008	05-11-2008
DET Training	LQ	15-07-1955	F	HC550715	Other structured intervention	25-04-2008	28-04-2008	19-05-2008

Figure 13 - Treatment start TOP outside protocol report

## Treatment Start TOP with Inconsistent Drug Values I and II

Inconsistent drug values I displays episodes where the problematic drug is cited but not used.

Inconsistent drug values II displays episodes where the problematic drug is not cited but is used.

DET - DET		Treatment Start TOP with inconsistent Drug values					NHS							
Data Entry Tool		Agency: T0006					National Treatment Agency for Substance Misuse							
Treatment Start TOP Period: 01 January 2007 - 01 January 2009														
Key Worker	Clients Name	DOB	Sex	Client Ref	Treatment Start TOP Date	Alcohol	Opiate	Crack	Cocaine	Amphetamines	Cannabis	Main Drug	Second Drug	Third Drug
DET Training	AO	15-07-1982	M	HC820715	29-09-2008	0	28	0	0	0	0	Heroin Illicit	Cannabis Unspecified	
DET Training	CS	10-03-1970	F	HC700310	07-02-2008	0	0	0	0	0	28	Buprenorphine	Cannabis Unspecified	
DET Training	DB	03-11-1974	M	HC741103	17-06-2008	0	0	0	0	0	0	Alcohol Unspecified		
DET Training	DC	20-02-1975	M	HC750220	28-11-2008	0	0	0	0	0	0	Alcohol Unspecified		
DET Training	GG	18-03-1976	M	HC760318	25-11-2008	0	0	0	0	0	0	Alcohol Unspecified		
DET Training	GH	07-06-1978	M	HC780607	18-12-2007	0	0	0	0	0	0	Alcohol Unspecified		
DET Training	GY	29-01-1985	M	HC850129	31-10-2008	0	0	0	0	0	0	Cannabis Unspecified		

Figure 14 - Treatment start TOP with inconsistent drug values I

**Note:** the output screen for the report on the Treatment Start TOP with Inconsistent Drug Values II would be similar to the report generated and shown in figure 12.

## Treatment Start TOP with Inconsistent Injecting Status Data

DET - DET		Treatment Start TOP with inconsistent injecting status				NHS	
Data Entry Tool		Agency: T0006				National Treatment Agency for Substance Misuse	
Treatment Start TOP Period: 01 January 2007 - 01 January 2009							
Key Worker	Clients Name	DOB	Sex	Client Reference	Treatment start TOP date	IV Drug Use	Injecting Status Value
DET Training	AC	23-05-1980	M	HC800523	14-10-2008	28	Never Injected
DET Training	HA	19-09-1976	F	HC760919	21-11-2008	28	Never Injected
DET Training	LA	15-01-1979	F	HC790115	17-03-2008	28	Never Injected

Figure 15 - Treatment start TOP with inconsistent injecting status report

## Missing Review TOP

The anchor date is the first review TOP date if this occurred on or before 01/10/2007, otherwise it will be the 1<sup>st</sup> structured modality start date.

The review start and end window is anchored to this date and shows when the latest review that is due in the selected time frame, needs to be completed.

When selecting date parameters for the report, the start date should always be on or before the clients anchor date. By selecting an end date in the past, the report will highlight the last missing review TOP for the end window in the time selected. If an end date that occurs in the future is chosen, then the report will show the latest review window, in selected time, for which a treatment review TOP needs to be completed.


<b>DET - DET</b> <b>Missing review TOP</b>  <small>Data Entry Tool</small> <b>Agency: T0006</b> <small>National Treatment Agency for Substance Misuse</small> <b>Reporting period: 01 February 2008 - 01 October 2008</b>										
Key Worker	Clients Name	DOB	Sex	Client Ref.	Referral Date	Modality	Anchor date	Last Review TOP completed	Review period start date	Review period end date
	P Z	21-04-1961	F	HC610421	06-06-2008	Structured alcohol intervention	16-06-2008		15-07-2008	16-12-2008
	V I	01-01-1965	F		01-06-2005	Inpatient treatment	01-03-2008		31-08-2008	02-03-2009
DET Training	A I	17-03-1981	F	HC810317	02-06-2008	Other structured intervention	06-06-2008		05-07-2008	06-12-2008
DET Training	A S	22-10-1963	M	HC631022	09-04-2008	Structured alcohol intervention	15-04-2008		14-05-2008	15-10-2008

Figure 16 – Review TOPs required between the periods specified

## Discharged Clients with Missing Treatment Exit TOP


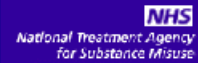
<b>DET - DET</b> <b>Discharge clients with missing treatment exit TOP</b>  <small>Data Entry Tool</small> <b>Agency: T0006</b> <small>National Treatment Agency for Substance Misuse</small> <b>Discharge Period: 01 January 2007 - 01 January 2009</b>						
Key Worker	Clients Name	DOB	Sex	Client Ref.	Discharge Date	Discharge Reason
Planned						
DET Training	AE	29-05-1967	M	HC670529	15-12-2008	Treatment completed drug free
DET Training	AG	08-10-1944	M	HC441008	11-12-2007	Treatment completed drug free
DET Training	AM	12-06-1971	M	HC710612	11-12-2007	Treatment completed drug free
DET Training	AM	17-04-1978	M	HC780417	01-02-2007	Treatment completed drug free
DET Training	CA	27-09-1986	M	HC860927	10-12-2007	Treatment completed drug free
DET Training	GW	01-11-1961	M	HC611101	08-02-2008	Treatment completed drug free
DET Training	JE	11-03-1982	M	HC820311	04-01-2007	Treatment completed drug free

Figure 17 - Discharged clients missing treatment exit TOPs report

## Treatment Exit TOP Outside Protocol

This report displays episodes where the treatment exit TOP is more than +/- 2 weeks from the discharge date.

DET -DET							Treatment exit TOP outside protocol	
Data Entry Tool							Agency: T0006	Discharge Period: 01 January 2007 - 01 January 2009
Key Worker	Clients Name	DOB	Sex	Client Ref.	Discharge Date	Discharge Reason	Treatment Exit TOP Date	
<b>Planned</b>								
DET Training	ER	01-01-1965	F		01-09-2008	Treatment Completed - Drug Free	01-08-2008	

No. of Records: 1

Figure 18 - Treatment exit TOP outside protocol report

## 7 TOP TREATMENT PROGRESS TRACKER REPORT

The TOP Treatment Progress Tracker (or TOP Tracker) can be found in the same location as the other TOP Reports on the 'Report' page.

### 7.1 Running a TOP Treatment Progress Tracker Report

Follow the instructions below to review and generate TOP Tracker reports.

From the "Top Reporting" screen (figure 3):

1. Select the "TOP – Treatment Progress Tracker" item from the drop down "Report" menu.

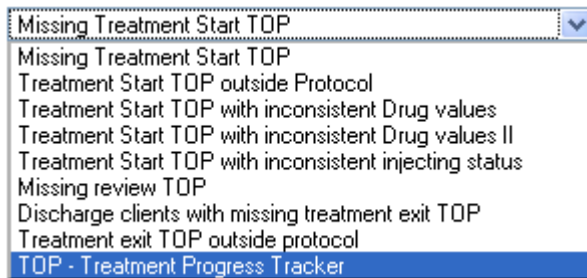


Figure 19 – Report type drop down list highlighting the TOP tracker report

When this item selected, the following screen in figure 17 will appear:

Figure 20 – TOP tracker client search and parameter selection page

2. Clients can be populated in the client list box by searching by one or many of the following search criteria:

- Client reference,
- First name,
- Surname,
- Date of birth or
- Sex.

The client reference, first name and surname fields will all search using partial matches and are case insensitive, i.e. entering "chr" will list both "Chris" and "Christina".

3. After entering search criteria and clicking "Search", the client list box will be populated with clients (figure 18)

The screenshot shows the NDTMS Data Entry Tool interface. The top navigation bar includes 'Client List', 'Administration', 'Report', 'Change Password', 'Logout', and 'Help'. The main header displays 'NDTMS Data Entry Tool' and 'TOP Reporting'. The left sidebar contains 'Navigation' with a link to '< Back to Client List'. The main content area is titled 'Report' and features a dropdown menu for 'TOP - Treatment Progress Tracker'. Below this are search criteria fields: 'Client reference:', 'First name: b', 'Surname: m', 'Date of Birth:' (with date pickers), and 'Sex:'. A 'Search' button is located to the right of the 'Sex' field. The search results are displayed in two tables. The first table lists clients with columns for First name, Surname, Date of Birth, Sex, and Client Reference. The second table lists TOPs with columns for Referral, Triage, Discharge, and TOPs Count. Below the tables, there is a note: 'Select multiple episodes by holding down the Ctrl key'. The 'Domain selection' section includes checkboxes for 'Substance use', 'Crime', 'Injecting risk behaviour', and 'Health and social functioning'. The 'Chart scale' section has radio buttons for 'Time' and 'Fixed'.

First name	Surname	Date of Birth	Sex	Client Reference
B	H	06/06/1973	F	HC730606
B	H	06/08/1970	M	HC700806
B	H	26/02/1978	M	HC780226
B	H	02/09/1981	M	HC810902

Referral	Triage	Discharge	TOPs Count
19/07/2007	31/07/2007		4
30/07/2003	30/07/2003	20/02/2007	0

Figure 21 – Populated client search and parameter selection page

Selecting a client will populate the episode list, the bottom list on the page. At this point you can select one or many episodes on which to run the report. To select multiple episodes, hold down the 'Control' button on your keyboard and click all the episodes for that client.

Reports can only be run for clients who have at least one TOP completed.

4. The "Domain selection" check boxes can be selected or deselected to either show or hide report items. The default is to show all items.
5. The "Chart scale" radio buttons can be used to change the way the horizontal axis of the report is displayed.

- a. Time scale – data points will be sporadically spaced along the horizontal axis depending on when the TOPs were completed
  - b. Fixed scale – data points will be spaced evenly along the horizontal axis.
6. Select the preferred format (either PDF or Excel) in which the report is to be generated from the drop down menu.
  7. Subsequently, one can review and/or generate the report by clicking on the respective “Review Report” or “Generate Report” buttons as shown on the “Top Reporting” screen and reproduced below.



Figure 22 – Review/generate report buttons

- a. The ‘Review Report’ button will open a new window in your web browser to display the report.
- b. The ‘Generate Report’ button will generate the “click here to save report extract” link as shown in the screenshot (figure 8). Click on this link to save the report.

## 7.2 TOP Treatment Progress Tracker Sample

All TOPs for an episode (or episodes if multiple episodes are selected) are displayed in the report from treatment start through to post-discharge. Each of the TOP related fields have their own line chart as shown in figure 19. The client’s problem drugs (either main, second or third) are also identified in the chart headings if applicable.

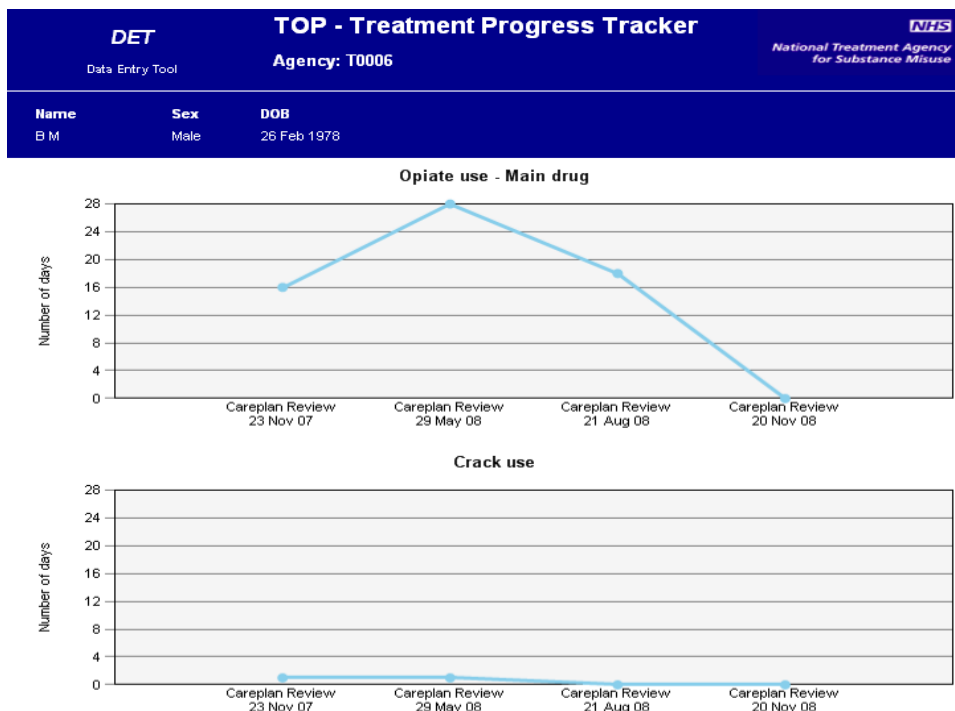


Figure 23 – Two charts from a fixed scale TOP tracker report showing one episode with 4 TOPs

Each of the TOP related fields are displayed under their respective domains:

**Substance use**

- Alcohol
- Opiates
- Crack
- Cocaine
- Amphetamines
- Cannabis
- Other drug use

**Crime**

- Shoplifting and drug selling
- Theft or fraud
- Assault

**Health and social functioning**

- Paid work and education
- Acute housing problem
- At risk of eviction
- Psychological health
- Physical health
- Quality of life

**Injecting risk behaviour**

- Number of days injected
- Sharing

When no data is available for the chart (i.e. all data points are NA) the chart is not displayed. If a chart is not displayed in the report due to this, they are listed at the bottom of the report. Similarly, if an episode contains many TOPs, one of which has the value of NA for an item, the data point (normally marked with a ● or ■) will not be displayed in the respective chart.

The “Time scale” chart horizontal axis begins at the time the first TOP in the episode(s) was completed and ends on the day the report was run.

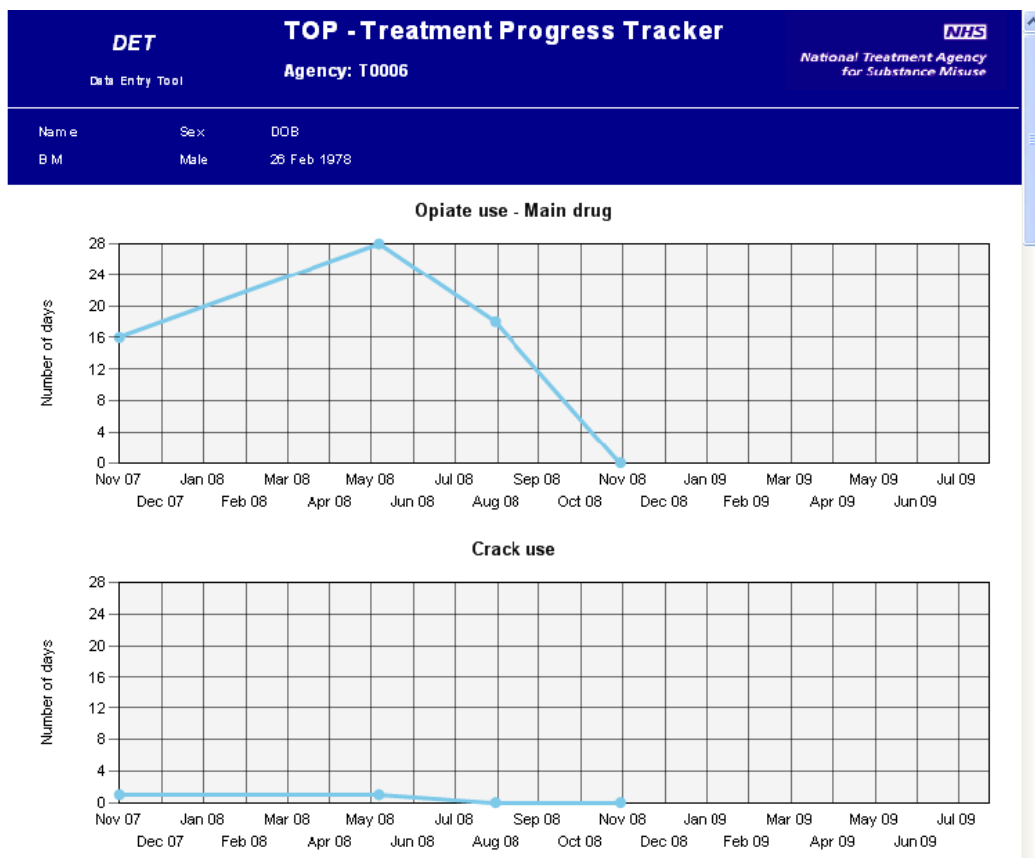


Figure 24 - Two charts from a time scale TOP tracker report showing one episode with four TOPs

When multiple episodes are included in the report, they will appear in a different colour, one after the other across the chart.

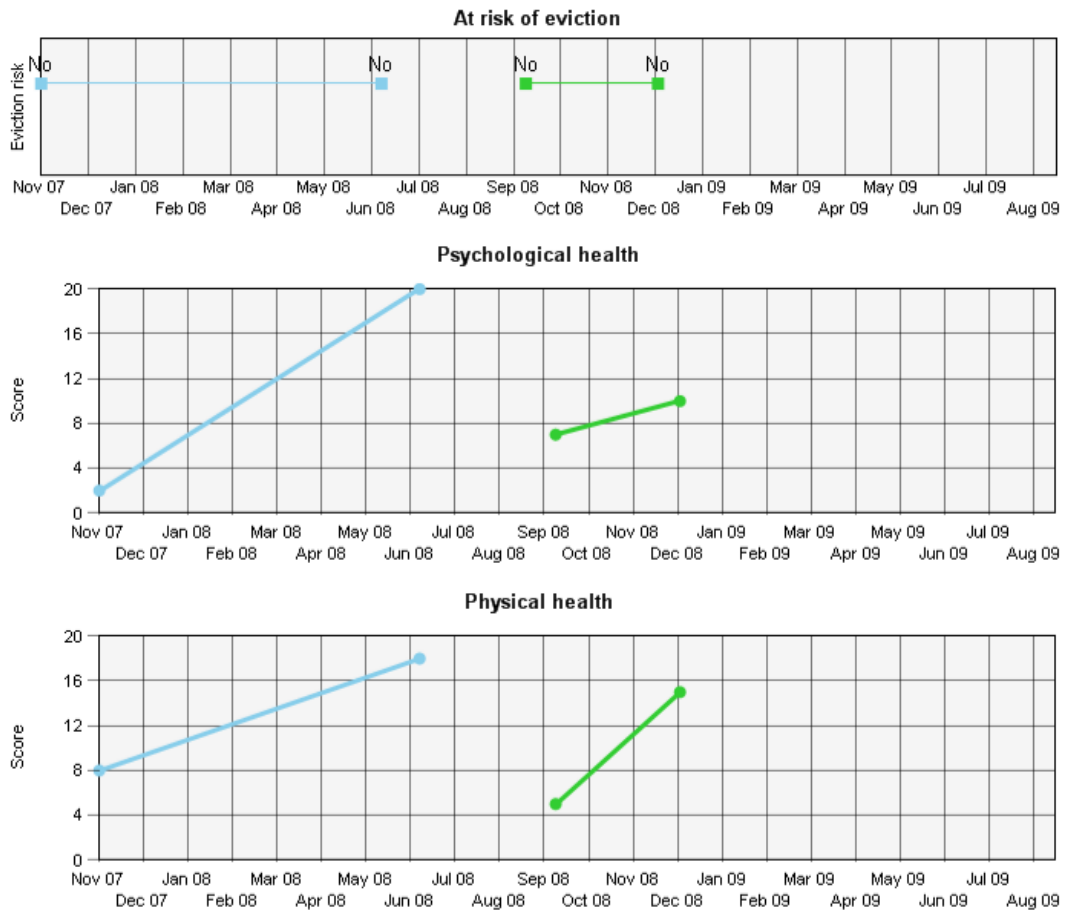


Figure 25 - Three charts from a time scale TOP tracker report showing two episodes each with two TOPs