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Managing information

*A 10-year strategic vision
for occupational therapy informatics*

College of Occupational Therapists

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Occupational
Therapists



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Foreword

I am delighted to contribute the foreword for *Managing Information: a 10-year strategic vision for occupational therapy informatics*, not least because I am an occupational therapist, and a member of the British Association of Occupational Therapists, but also because I am absolutely certain that health informatics has the potential to transform practice now and in the future to improve patient outcomes.

Current and emerging developments in information and communication technologies empower occupational therapists to innovate and improve service delivery, and develop the evidence base. Informatics is increasingly important in delivering quality care, improving safety, patient experience and clinical effectiveness, so it is imperative that occupational therapists have a broad understanding of the subject and know what this means to their practice.

There are some key opportunities for occupational therapists to drive and lead the informatics agenda over the next few years. This will include innovation in the use of telehealth and telecare technologies, and transformation in the way we use clinical records. This is particularly relevant in the context of the integration of digital care records and greater integration across the health and care system.

The 10-year vision enhances understanding of this wide-ranging area, as well as setting the direction for the future: to continue to be proactive in engaging with the opportunities and challenges health informatics present.

*Shelagh Morris OBE
Acting Chief Allied Health Professions Officer
NHS England*

Executive summary

Developments in informatics are transforming many aspects of our lives at home, at work and in our communities. Data are collected, analysed, stored and used on a scale that no one anticipated, even a generation ago. A few examples include:

- Smartphones that use GPS for everyday tasks, such as route finding, and to support apps that provide detailed information on nearby places and events.
- Scanners that provide moving images of neonates or beating hearts.
- The human genome that has been sequenced and uses genetic markers to identify many health conditions.
- Wearable devices that monitor an increasing range of vital signs.

This strategic vision considers the following key areas of informatics that are important to occupational therapy practice, commissioning of occupational therapy services, research, and education.

1. Using digital care records

Care planning and record keeping are at the core of occupational therapy practice. Significant progress has been achieved towards the government's long-term vision of integrated person-centred care records (Department of Health 2012). Further progress awaits the development and implementation of national standardised record headings, and definitions of the care information that can be recorded under each heading.

The healthcare professional bodies have published a set of information standards for the core clinical headings used throughout acute medicine (Health and Social Care Information Centre and Academy of Medical Royal Colleges 2013). Additional record headings need to be developed and agreed to support specialist areas of practice, and specialist clinicians, including allied health professionals. Standardised record headings provide the context for clinical content and are essential to ensure that patient data can be transferred between care record systems while retaining the full meaning.

The healthcare professional bodies have agreed to use SNOMED clinical terminology (SNOMED CT) for coding patient information that needs to be comparable across services and the country as a whole. Ongoing work will ensure that practitioners can quickly record comparable patient data that can be used for commissioning, clinical research, and government requirements.

2. Understanding emerging information technologies

Occupational therapists need to understand the scope and benefits of emerging information and communication technologies to ensure that they can make best use of what is available, either in their own practice or by referring on to other services. Some examples of existing technologies are:

- Telecare services that provide reliable monitoring devices and staffed monitoring services, which enable many people to return home from hospital sooner and stay safely in their own homes for longer, which is where most people prefer to be.
- Telehealth services that use sensors and equipment to monitor vital signs remotely, ensuring that healthcare professionals can respond quickly when the need arises.
- Mobile communications, which support better communication between patients, staff and care services, providing reassurance, reduced anxiety and greater independence in the community.

Emerging information technologies are characterised by rapid development and a high level of uncertainty about which will be successful. This strategic vision includes these emerging technologies as they are part of the expanding field of informatics.

A separate implementation plan will support occupational therapists in addressing the recommendations stated within this document. The implementation plan will provide more detail on the increasing relevance of information technologies to occupational therapy practice and how the profession can best engage with the rapidly expanding areas of technological development.

3. Digital literacy

Digital literacy includes use of information, managing digital identities and understanding the impact of new technologies on society.

Educators, practitioners and researchers will need to ensure that they refresh their level of digital literacy in order to keep pace with developments in the information technologies.

As with the emerging information technologies mentioned above, the field of digital literacy is characterised by rapid change and a lack of formal consensus about content and best practice. The additional implementation plan will provide more detail on how all occupational therapists can ensure they keep up to date in their ability to use information and communication technologies.

Abbreviations and acronyms

CDS	Commissioning data sets
CIDS	Community information data sets
COT	College of Occupational Therapists
COTIM	College of Occupational Therapists Information Management (COT newsletter, circulated by email)
CPD	Continuing professional development
ECR	Electronic care record
EHR	Electronic health record
EPR	Electronic patient record
HCPC	Health and Care Professions Council
HSCIC	Health and Social Care Information Centre
ICF	International Classification of Functioning, Disability and Health
ICT	Information and communication technologies
IDCR	Integrated digital care record
IHTSDO	International Health Terminology Standards Development Organisation
IM	Information management
ISB	Information Standards Board
MHMDS	Mental health minimum data set
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
SNOMED CT	Systematized Nomenclature of Medicine Clinical Terms
UK	United Kingdom

1 Introduction

The College of Occupational Therapists (COT) Research and Development Board agreed, on 13 November 2012, that COT needed to develop this strategic vision for informatics in the occupational therapy profession in the UK. The resulting vision emphasises the importance of understanding the challenges and potential impact of ongoing developments in informatics facing the profession. It outlines how the benefits of information management (IM) and information and communication technologies (ICT) can be realised to improve outcomes for service users through enhanced occupational therapy practice, education and research.

The information age is characterised by a constant stream of emerging digital technologies that disrupt and transform our lives, our communities, and our societies. The Internet, mobile and smartphones, online banking and retailing, and social media, have all contributed to a revolution in our daily lives.

Many of the new digital technologies can enhance the effectiveness of health and social care services and enable people to live more independently and for longer in their own homes and communities. They can transform the information that is routinely available to support service commissioning, service evaluation, clinical audit, and clinical research activities. The informatics agenda has shifted centre stage and is now integral to all efforts to reshape and modernise health and social care services.

The four countries of the UK have chosen different paths towards a common future built on integrating informatics into the planning, delivery, evaluation and regulation of all publicly funded health and social care services. Those different paths are set out in the following documents.

England: *The power of information: giving people control of the health and care information they need* (Department of Health [DH] 2012).

Scotland: *eHealth Strategy 2011–2017* (NHS Scotland 2012).

Northern Ireland: *Developing a connected health and care strategy for Northern Ireland health and social care services* (European Centre for Connected Health 2008).

Wales: *Informing healthcare* (NHS Wales 2003).

COT's aim is to influence the implementation of the different eHealth and informatics strategies for health and social care services in the four countries of the UK.

The overall challenge for our profession is to understand the potential of the diverse emerging ICT and identify how best to harness each technology to benefit our service users. The approach to meeting this challenge has four main elements, which are explained in detail in 1.1–1.4.

1.1 Occupational therapy information requirements

The first major element is defining the information requirements needed to fully support occupational therapy practice and record keeping. These mainly comprise: real-time access to care records, clinical decision support tools, coded occupational therapy terminology, appropriate care planning structures, and nationally agreed record headings for integrated digital care records (IDCRs). The last of these requirements was completed in December 2011, with the publication of a nationally agreed set of occupational therapy professional assessment record headings (COT 2011).

Early predecessors to IDCRs were focused on patient care, such as electronic patient records (EPRs) or electronic health records (EHRs). Since the late 1990s there has been a gradual national policy shift towards person-centred care, which was reflected in the use of the term electronic care records (ECRs). The latest iteration, IDCRs (used by NHS England), refers to fully integrated person-centred care records used throughout publicly funded health and social care services. IDCRs will provide authenticated system users with simultaneous access to all aspects of a person's health and care to which they are authorised to have access.

1.2 Occupational therapy terminology and record headings

There is an ongoing shift towards coding core information, such as assessments, problems, aims and goals, interventions, and outcomes, for each service user. COT is developing sets of nationally agreed terms that are commonly recorded by occupational therapists in person-centred care records. The project is due to be completed by March 2015. The sets will be incorporated within SNOMED CT, (the only national coded clinical terminology approved for use in the NHS in the UK) as 'subsets' and will be used to support increased consistency in data recording and improved data quality.

Standardised record headings and coded terminology are a prerequisite to the routine use of data recorded by occupational therapists for secondary purposes; for example, service commissioning, service evaluation, data required by governments, national clinical audits, and multi-site clinical research.

Many occupational therapists will have experience of having to change the case management systems that they use to record interventions and outcomes. New systems have been introduced in the last few years such as AIS in adult social care and RIO in the NHS. Therapists may have experienced frustration with the headings and outcomes included in the new systems with differences between systems and/or a lack of options relevant to occupational therapy.

The use of nationally agreed record headings for IDCRs will standardise records across case management systems and support occupational therapy practice and record keeping. Further information can be found in the document *Case management systems and personalisation* (Association of Directors of Adult Social Services and South West Regional Improvement and Efficiency Partnership 2010).

1.3 Understanding new information technologies

Developments in IM and ICT continue to be rapid and often disruptive. Occupational therapists need to keep up to date with emerging developments to ensure that they understand the capabilities of new technologies and can utilise them to best benefit service users.

Two examples are telecare and telehealth, which provide new ways of monitoring and supporting people better in their own homes and communities. Occupational therapists are skilled in enabling self care and independence in the community, so are ideally suited to use these new technologies to optimise service users' levels of functioning in their own homes and communities.

1.4 Guidance for members and national bodies

This information strategic vision outlines how COT will ensure that there is high quality guidance for occupational therapists on IM and the use of ICT. Guidance on the information needs of occupational therapists will also be available to inform national policy and associated implementation plans of the governments of the four countries of the UK, and national bodies, such as the Health and Care Professions Council (HCPC), National Institute for Health and Care Excellence (NICE), and Health and Social Care Information Centre (HSCIC).

Occupational therapists can expect leadership from their professional body to encourage and support curriculum development and continuing professional development. The aim for the profession is to ensure that practitioners have the correct level of informatics skills and knowledge, and remain up to date as new information technologies emerge, are evaluated, and implemented across the health and social care sector.

2 Vision for 2024

Digital technologies will increasingly influence the design and delivery of occupational therapy services, which will have to comply with national information standards, information governance and clinical governance guidance.

Utilisation of new and emerging digital technologies, together with skills in using and managing information, will enable informed decision making, positive risk taking and the delivery of optimal evidence-based, person-centred care services.

COT's vision in relation to the informatics agendas of the four UK nations is that by 2024 occupational therapists will:

- Use the increased availability of information and new ICT skilfully, as an integral part of their professional role and responsibilities.
- Routinely search digital resources to appraise and select reliable evidence of effective practice that can inform their interventions with each service user.
- Understand the capabilities of the latest developments in information technology, use them appropriately in their practice, and know when to contact other professionals with more specialist information skills.

3 Informatics across the UK

COT supports the different policies and priorities of the four countries of the UK towards the implementation of new information technologies in their health and social care sectors. There is an emerging consensus across the UK about the longer term need to transform care services through improved use of information and new technologies, integrated care services, and by providing a single point of access to each person's care record.

The policy officers of the four UK countries agree that the informatics agenda is one that occupational therapists cannot afford to ignore:

We all use information on a daily basis, recording what we have done, collecting data on service activity, or using data to improve service delivery or for workforce planning. Frequently, this part of our work has been seen as secondary to client care or viewed as someone else's business. This can no longer be the case, and informed use of digital technologies must become central to and fully integrated into our everyday professional practice.

Digital technologies are vital to support evidence-based occupational therapy practice, to understand our impact on improving occupation-focused outcomes for service users, and to underpin service transformation. Sharing a common approach to the informatics agenda will allow occupational therapists to meaningfully communicate the core focus of occupational therapy practice with clients, patients, colleagues, managers and commissioners. The publication of the first informatics strategic vision for the profession in the UK is, therefore, timely and much needed.

The intentions of this publication are applicable across the UK, whether you are in Scotland, Northern Ireland, England or Wales. The message is the same: we must fully engage in the informatics agenda; access and use evidence and current research; deliver only what is effective; utilise digital technologies and resources wisely; and share information. For all of this, utilising informatics is essential.

Members are strongly encouraged to read the strategic vision, and to start the discussion with colleagues and other professionals about how you can engage with and contribute to the implementation of the strategy.

A joint statement from the COT policy officers of the four UK countries

4 Information requirements of occupational therapists

Information is integral to every aspect of occupational therapy practice. For example:

- Reviewing research-based evidence of effective interventions.
- Viewing and recording information in each care record.
- Planning and carrying out care plans for each service user.
- Evaluating the effectiveness of services or changes to the service.
- Supporting professional supervision and networking (Bodell and Hook 2011).
- Planning service improvements, such as developing integrated care services.

Information is clearly not static, but flows around the health and social care systems as it is used for direct care and various secondary purposes, such as service commissioning, service evaluation or clinical research. Underpinning most information flows is the service user's IDCR (also known as ECR/EHR/EPR).

4.1 Integrated digital care records

On receipt of a referral, the occupational therapist should be able to access all the relevant recorded information that they need to know about the service user. Access to the care record should continue to be available in real time at official premises, or when mobile in the community, throughout the episode of care of a service user.

The IDCR should provide common templates and functionality for assessments, planning care, and recording interventions that have been carried out. On discharge, relevant information is transferred to the GP, outpatient clinic, or other health and care service that will provide ongoing care.

4.2 Information for secondary purposes

The coded information within each IDCR can be anonymised and aggregated to support management activities, service commissioning, and data returns to central government. In addition, selected information can be used for service evaluation, clinical audit and clinical research.

It is essential that each IDCR system is properly designed to support the professional practice and record keeping requirements of each healthcare professional fully, including occupational therapists.

Clinical decision support tools can enable occupational therapists to gather relevant information from online or local resources, for use in care planning and carrying out interventions.

4.3 Supporting diversity in professional practice

The many diverse healthcare professions differ in their professional assessments and interventions, and in their approach to achieving optimal outcomes for service users. Those differences can lead to different requirements for the design of care record systems, and so need to be articulated by each profession. This is illustrated by the following simplistic example:

Medical professions: focus on diagnosis and treatments shown to be effective for each diagnosis.

Medical treatment plans combine the various treatments for each diagnosis, reconciling where there are conflicts, such as in relation to prescribed medications for different co-existing conditions.

OTs: focus on a person's functioning, performance, and participation in their local communities.

OTs develop person-centred care plans customised to the unique capabilities, interests and circumstances of the individual person. OTs often work with service users with multiple problems, who aspire to achieve multiple goals and require a complex package of interventions selected to work together to achieve their goals.

The design of assessment and care planning functionality within an IDCR system needs to cope with the various professional models of planning and providing effective care, treatments and interventions. In order to support occupational therapy practice, IT system developers need to ensure that their logical data model and system design includes the option for many-to-many relationships between the data fields for problems (health issues), goals, interventions and outcomes.

4.4 Standardised tools for assessment and outcome measurement

Occupational therapists use many standardised assessment tools, each one selected to be relevant and useful for a specific assessment purpose. IDCR systems need to have electronic templates for every commonly used standardised assessment tool, so that occupational therapists can directly enter assessment data into the individual care record. This will help to ensure high quality data recording, and avoid occupational therapists having to record data items more than once.

4.5 Headings for occupational therapy assessment

Occupational therapists also record their professional assessments, which need a nationally agreed set of record headings. COT has published a standard set of record headings for recording occupational therapists' professional assessments (COT 2011). Those headings will need to be reviewed once a substantial number of occupational therapists from different areas of practice have experience of using IDCRs with those headings built in.

4.6 Occupational therapy care planning

The nature of holistic, person-centred practice is that each care plan is customised to the individual capabilities, interests, circumstances, goals and aspirations of each service user.

There is not necessarily a direct one-to-one relationship between each identified problem that emerges from narratives with service users (health or social issue) and their discrete goals. Instead, there is a many-to-many relationship between the various problems, the agreed goals, interventions, and the resulting outcomes that are achieved following carrying out the various interventions.

Consequently, the occupational therapist of the future will be proficient at working within a digital environment to manage:

- Digital information related to the care of each service user. For example, when selecting the appropriate assessment; identifying effective interventions; agreeing the care plan; recording coded and narrative information; evaluating the care plan; and informing the GP or other care services.
- Anonymised information derived from IDCRs. For example, participating in or undertaking clinical audits, service evaluations, or clinical research.

4.7 Access to new information technologies

Occupational therapists are key professionals who work with and prescribe a range of assistive technologies to support service users' participation in their chosen occupations. They will, therefore, need access to a range of telecare and telehealth technologies and services to ensure that they can help service users to optimise their level of functioning in their own homes and communities.

Occupational therapists will also need access to mobile technologies to support their work when outside their official premises, where they have access to networked computers and wired access to care records.

It is not the purpose of this informatics strategic vision to explore in depth the range of assistive technologies that occupational therapists work with. However, there is an annual report to the British parliament on assistive technology research and development (DH 2013a) which is relevant to the interests of occupational therapists. This report provides comprehensive information on developments in assistive technologies, telecare and mobile communications to support people living in their own homes and communities. The report includes links to other resources on assistive technologies.

4.8 Understanding the latest information technologies

Occupational therapists need to know about the capabilities and availability of new technologies if they are to ensure that they have access to the relevant tools to support best practice and optimal outcomes for each service user, while minimising costs.

5 Recording data in digital care records

The information age has introduced the potential to code and aggregate data routinely for a variety of analytical purposes at very low cost. Data analytic companies working in Internet search, advertising, finance, and retail, typically process data sets containing multiple exabytes (1 thousand million gigabytes) of data. The processing and use of these volumes of data is referred to as 'big data'.

The ability to process and analyse big data is being increasingly applied to the health and social care sector. However, the reliability and usefulness of data analytics depends on data quality, or the accuracy and consistency of data recording across different services across the country.

There is no evidence that occupational therapists do record data consistently across the country. For example, there is no standard terminology for occupational therapists to record an assessment of a service user's level of ability to function independently in their own home. This could be recorded as a *home visit assessment*, a *domiciliary assessment*, a *home visit*, or another similar locally chosen term.

The data from different occupational therapists, different services, or different providers, can only be aggregated regionally or nationally if the same terms are used with the same meaning. There needs to be a single nationally preferred term for each unique health and care concept, and with synonyms linked to the appropriate preferred term, as is the case with SNOMED CT.

Using terms from a nationally agreed list helps to ensure consistency of data recording and comparability across different services and providers. Those terms need to be coded to ensure that they can be processed correctly for use locally or nationally.

5.1 Recording coded data

The UK government has mandated the routine collection of coded patient data by all staff providing care for, or on behalf of, the NHS in England, from April 2015 (Information Standards Board 2011). Key data will include information on a service user's assessments, problems, goals, interventions and outcomes. Coded data will have to use terms found in SNOMED CT, the only coded clinical terminology approved for use in the NHS in England.

While other countries in the UK have not yet mandated use of SNOMED CT in IDCs, it would be surprising if they didn't follow suit within the next five to ten years. Irrespective of the adoption of SNOMED CT in Northern Ireland, Scotland and Wales, there are clear benefits if all occupational therapists across the UK use the lists of terms in the occupational therapy subsets. This will improve consistency of data recording and data quality across the profession.

In 2007, COT started developing lists of nationally agreed commonly used terms for inclusion as subsets in SNOMED CT. Each subset is intended to be used by IT system developers when they are developing tools to support quick, accurate and consistent recording of coded information in care records.

A subset can be used to develop 'pick lists' (i.e. drop down lists) that provide system users with a list of commonly used terms, (e.g. *putting on clothes; transferring oneself while sitting; or moving around using equipment*). The following example of terms describing self-care is taken from the *Problems in occupational performance and participation* subset (COT 2013a).

Self-care

- *Washing oneself*
- *Washing body parts*
- *Drying oneself*
- *Caring for body parts*
- *Caring for teeth*
- *Caring for hair*
- *Toileting*
- *Dressing*
- *Putting on clothes*
- *Taking off clothes*
- *Putting on footwear*
- *Taking off footwear*
- *Eating*
- *Drinking*
- *Looking after one's health*

The occupational therapy subsets could include every single term that was ever used by an occupational therapist. However, those subsets would be very large, and searching for terms would be slower, and possibly less accurate or consistent. Consequently, the subsets have been restricted to including only commonly used terms, and excluding terms that are rarely used in practice.

Each subset will be reviewed regularly, and terms added or removed depending on feedback from occupational therapist practitioners.

Occupational therapists will need to be proficient at searching through the entire SNOMED CT database for terms that are rarely used and are not included in the pick lists.

5.2 Member involvement in development of the subsets

Members were invited to be involved in the national project to develop the occupational therapy subsets, through a variety of means:

- News items in OTNews, and the monthly electronic newsletter, COTIM.
- Agenda items on various COT boards and committees.
- National workshops held in London in February 2008, October 2008, and February 2012.
- An email circulation list for regular communication with members.
- Members' discussion forums on the COT website.

Three occupational therapy subsets have been published, for the following three areas of practice and record keeping:

- *Assessment tools used by occupational therapists* (COT 2009).
- *Problems in occupational performance and participation* (COT 2013a).
- *Outcomes following occupational therapy intervention* (COT 2013b).

Three further subsets are in development, namely:

- Intents (aims) of occupational therapy intervention.
- Goals of occupational therapy intervention.
- Occupational therapy interventions.

5.3 Developing subsets of SNOMED CT

A nationally agreed list of clinically useful terms, agreed by a healthcare professional body, can be submitted for inclusion within SNOMED CT as a subset. The standardisation process can result in some changes, to ensure compatibility with terms that are already in SNOMED CT, and to ensure consistency with the structure and authoring conventions within SNOMED CT.

The approved subset is included in subsequent releases of SNOMED CT, which occur every six months. Every subset has to be reviewed regularly to ensure it remains relevant and useful to practitioners.

COT, together with members, continues work on the subsets listed in 5.2, to agree relevant and useful qualifiers for the core terms in each subset.

The occupational therapist of the future will:

- Use IDCRs to record their professional practice.
- Use a range of tools to select terms that are common to the profession and included in SNOMED CT.
- Reflect their professional decision making in the narrative data fields in IDCRs.
- Participate in audit and research activities to inform local service developments, and contribute to the wider evidence base for the profession.

6 Increasing occupational therapists' understanding of informatics

The Royal Society highlighted the importance of NHS staff having the right level of skills in using information in their report *Digital healthcare: the impact of information and communication technologies on health and healthcare* as follows:

The introduction of new ICTs requires healthcare professionals to be equipped with the necessary understanding of the concepts behind the systems as well as the skills to use specific new technologies. In addition, new systems will require support once they are introduced. This education, training and support must be taken into account when determining the full costs of introducing new ICTs.

The basic training and continuing professional development for healthcare professionals needs to integrate the use of ICTs into everyday professional practice. This goes beyond basic IT skills such as being able to use word processor and spreadsheet software packages to include the ability to operate effectively in an information society, or what is sometimes called 'information literacy'.

(Bruce 1997, cited in Royal Society 2006, p 25)

IM skills involve having a greater awareness of the value of high quality patient data for secondary purposes such as commissioning, clinical audit, service evaluation, and clinical research.

Practitioners will routinely participate in, or contribute to, the various secondary uses of patient information, particularly where robust evidence is being accumulated to add to the knowledge base that informs evidence-based professional practice.

More recently the need for an appropriate level of skills was picked up by the Future Forum in their report: *Information: a report from the NHS Future Forum*. It focused on Information in the NHS and emphasised the importance of staff having the correct level of skills in informatics:

In order to ensure all staff – including clinicians, general management and social care staff – understand and use informatics appropriately in daily activities, informatics needs to be fully included in education, training and continued development programmes across the sector.

(NHS Future Forum 2012)

The Department of Health (DH) has published a series of information strategies for the NHS in England. In response to the latest of these strategies (DH 2012), an implementation guide was also published, focusing, initially, on the allied health professions (DH 2013b). This AHP implementation guide includes a comprehensive analysis of the key issues, key actions, and suggested lead organisations or groups of individuals, such as AHP clinical and service leaders.

Consequently, the occupational therapist of the future will:

- Inform local services of the occupational therapy information requirements.
- Influence inclusion of informatics skills in job descriptions, annual training plans, and development programmes as part of expected continuing professional development.
- Understand emerging ICT that could provide better outcomes for service users and their carers.
- Participate in service evaluation, clinical audit and clinical research activities.
- Ensure their data satisfies the requirements within their service for secondary uses.
- Record care outcomes that are comparable nationally.
- Comply with information governance standards and policies.
- Develop and maintain essential informatics skills and knowledge.

7 Providing advice to governments, national bodies, and care services

Governments and national bodies, such as NHS England and NHS Wales, have many responsibilities that can impact on the occupational therapy profession, including:

- Developing or reviewing national policies such as *Working together for a stronger NHS* (HM Government 2011).
- Commissioning national pilot projects prior to implementation country-wide; for example, the Whole System Demonstrator programme.
- Developing national eHealth strategies such as *Informing healthcare* (NHS Wales 2003).
- Implementing national strategies, such as *The power of information: giving people control of the health and care information they need* (DH 2012).

The strategic role for COT is to represent the profession at a national level in each of the four countries of the UK. Partly this involves contributing to the development of implementation plans for new national strategies and policies. There is also a need to build on established relationships and networks to ensure credibility when influencing the scope of emerging draft strategies or policies, or the terms of reference of proposed national boards, committees and working groups.

The advice contained in this document, and further advice on the information requirements of occupational therapists, may be useful to the four governments of the UK. In particular, the expected impact on occupational therapy practice, education and research, of the implementation of national strategies and policies focused on informatics.

COT wishes to influence the strategies and policies of central government to ensure that they are designed and implemented in such a way as to be compatible with occupational therapy practice, education and research. This will help to optimise the health and care outcomes for the population.

7.1 Shaping local care services

Members will need to try to influence the agendas of their local service and service commissioners, to ensure that informatics-related developments fully support the practice and record keeping of occupational therapists.

Consequently, the occupational therapist of the future will:

- Identify and work with the occupational therapists and other AHP leads with responsibility for the informatics elements in service commissioning, planning, delivery and evaluation of services.

- Provide advice that includes consideration of occupational therapists' requirements for appropriate skills and technology to support effective use of information at work.
- Refer to professional advice and guidance on managing information and using ICT, when developing local services and implementation plans.

Glossary

Allied health professions

Allied health professions are healthcare professions distinct from nursing, medicine and pharmacy. There are 12 allied health professions in the UK and they are regulated by the Health and Care Professions Council.

Assistive technology

Any item, piece of equipment, or product system that is used to increase, maintain or improve the functional capabilities of people with disabilities. (TeleSCoPE, 2013)

Clinical terminology

A structured collection of descriptive terms which are used in clinical practice at the point of care. Terminology includes items such as interventions, diagnoses, administrative terms, social and environmental factors. (ISD Scotland, 2014)

Continuing professional development

A range of learning activities through which health and care professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice.

Core data set

Specifies the data items, and defined content, for the common headings used in several related data sets for a given condition (e.g. diabetes). The core data set ensures consistent definitions across those several data sets. As with any data set, there is a limited set of permitted values, codes and classifications for the content of each data item.

Data set

A limited set of data items, each with a clear label (record heading), and definition of the permitted values, codes and classifications. There is no flexibility around the information about an individual person that must be recorded in the data fields included in a given data set.

Examples are: the community information data set (CIDS); mental health minimum data set (MHMDS) and the commissioning data sets (CDS).

The HSCIC is responsible for collecting data in England, including collecting information specified in the many approved national data sets, of which some are core data sets.

eHealth

The range of devices and services (based on ICT) used to assist and enhance the prevention, diagnosis, treatment, monitoring and management of people's health and lifestyles. (TeleSCoPE, 2013)

Health informatics

The knowledge, skills and tools which enable information to be collected, managed, used and shared to support the delivery of healthcare and promote health.

Information and communication technologies

A range of technologies for gathering, storing, retrieving, processing, analysing, transmitting and receiving information. These include radio, television, mobile phones, computer and network hardware and software, as well as the various services and applications associated with them, such as videoconferencing and distance learning. (Royal Society 2006)

Integrated digital care record

A digital record of 'patient-related information and clinical decision and support tools [that] can be viewed by an authorised user in a joined up manner in any single instance . . . information that is shared with or created by social care professionals to be available in the same application to enable true integration of care to be delivered effectively . . . patients will share that access to their personal information which will enable them . . . to enhance and enrich the record with their personal preferences and insights'. (NHS England 2013)

ICF core sets

Specifies a limited number of terms that should be used when recording assessment information about patients with a particular condition. The aim of defining, agreeing, and then using ICF core sets is to shift clinical recording towards greater consistency in the recording of assessment information.

This term should not be confused with the term 'core data set'.

SNOMED clinical terms

A comprehensive clinical terminology that provides clinical content and expressivity for clinical documentation and reporting. It can be used to code, retrieve, and analyse clinical data. (International Health Terminology Standards Development Organisation [IHTSDO] 2011)

Subset

A set of terms that practitioners would expect to find grouped together, and from which they can select the appropriate term for recording in the IDCR.

A subset is used to populate pick lists to provide a quicker way for the occupational therapist to select and record service user information. This term usually refers to a subset of SNOMED CT.

Telecare

System used to maintain an individual's independence at home by the monitoring of a person's external environment looking for hazards and adverse events, such as fire, falls, and fits. (Royal Society of Medicine 2013)

Telehealth

System used for remote monitoring of a person's health by a trained individual. Telecommunications technology facilitates collection of clinically relevant physiological and psychological data. Telehealth can also collect data on self-care, lifestyle modification and medicine administration, which can be used to encourage and sustain healthy behaviours. Telehealth can be referred to as telemonitoring (Royal Society of Medicine 2013).

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Additional resources

Networks and organisations

AHP Informatics network: <http://www.networks.nhs.uk/nhs-networks/ahp-informatics-network/>

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Chief Clinical Information Officers network: <http://www.ccionetwork.com/>

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