



Eastern Health Board
Drugs, Aids & Homeless Service

Drugs & Aids Workshop Report

THE TASK FORCE
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DRUGS

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INTRODUCTION

Background

- 1.1 On the 11th June 1997, a workshop was held in the Eastern Health Board to identify the operational processes and key information needs of the Drugs, Aids & Homeless Service. This document summarises the findings of the workshop.
- 1.2 The workshop was conducted using both presentation sessions and break out groups in which the EHB staff were divided into teams in order to specify certain categories of information. The process was facilitated by Ernst & Young supported by EHB Management Services Staff.
- 1.2 During the process, the following activities were undertaken:
 - verification of the Goals & Objectives set out in the service plan;
 - identification of the key constituencies (groups of people) with whom the service interacts and the nature of the interaction;
 - the primary products and services supplied by the service;
 - the key operational processes undertaken;
 - the key information needs of the service for both operational and management purposes;

In addition the process resulted in the identification of a series of issues which are also documented herein.

Limitations

- 1.3 There was no representative from the operational group serving the needs of the homeless in attendance. Hence it was not possible to identify the needs of this sub group.
- 1.4 There was no representative present with a detailed knowledge of the processes or information needs for the Rehabilitation operations area. Hence the needs of this function may not be completely represented below.

GOALS & OBJECTIVES

Introduction

- 2.1 This section details the goals and objectives of the program. These are broadly those of the service plan though some issues are detailed below.

Candidate Goals & Objectives

- 2.2 The candidate goals for the program are restated below:

- *'Our strategy is to promote a drug free lifestyle, develop outreach contact with the greatest possible number of drugs users, to decide on appropriate treatment and to encourage all drug users to move to a more normal lifestyle. (AIDS/Drugs & Homeless Service - Strategy, Pg.1)*
- *'Our Board's policy is to develop a seamless health and social service for the homeless.' (AIDS/Drugs & Homeless Service - Strategy Pg. 10)*

- 2.3 The candidate objectives for the program are:

- To provide, in conjunction with voluntary agencies where appropriate, education and prevention programmes.
- To provide, in conjunction with voluntary agencies where appropriate, services aimed at delivering advice and harm minimisation programmes to drug misusers not in contact with services, including advice and safer drugs use, ways to reduce the risks of HIV and Hepatitis transmission, safer sex and advice on good health.
- To provide, in conjunction with voluntary agencies where appropriate, treatment programmes which have as their objective in the short term control of drug misusers addiction within the context of the long term aim of a return of the drug misusers to a drug free lifestyle.
- To provide, in conjunction with voluntary agencies where appropriate, aftercare and rehabilitation programmes to assist misusers access education, training or employment opportunities.
- To provide, co-ordinate and fund treatment programmes for drug misusers in its area with the exception of Trinity Court.
- To provide treatment centres and satellite clinics from where clients can access quality services on the basis of need in their local area.
- To provide specialist services such as respite, and detoxification in specialist units within its region.
- To complete development of a comprehensive information database.
- To provide and develop the help-line service.
- To maintain services at 1996 levels.
- To establish and provide an emergency assessment service at each treatment centre.
- To eliminate the waiting list for assessments.
- To increase the number of detoxification beds from 12 to 15 and to improve the throughput of these specialised beds by providing downstream beds.

GOALS & OBJECTIVES *continued*

- To develop programmes to increase the awareness of drugs misuse and to develop strategies aimed at influencing young people regarding drug misuse.
- To ensure a co-ordinated approach to education and prevention through discussion with voluntary agencies.
- To provide a realistic medical stabilisation and detoxification for young heroin smokers.
- To treat an additional 500 clients in 1997.
- To provide a clinic service for sexually transmitted diseases.
- To ensure greater accessibility to treatment based on need.
- To improve the personal health of drug users.
- To further reduce chaotic and anti-social behaviour.
- To limit HIV transmission

Additional Goals & Objectives

2.4 The following candidate additional goals were derived for the program:

- To provide seamless and comprehensive health and social services to the drug user

2.5 The following additional candidate objectives were derived for the program:

- To provide comprehensive care and management for HIV and Hepatitis sufferers
- To improve the links to other statutory Health Care agencies and the Prison Service

2.6 In addition it was recommended that the objective

- To provide, in conjunction with voluntary agencies where appropriate, aftercare and rehabilitation programmes to assist misusers access education, training or employment opportunities.

be restated as:

- To provide, in conjunction with voluntary agencies where appropriate, aftercare, *housing*, rehabilitation programmes to assist misusers access education, training or employment opportunities *and achieve an improved quality of life.*

The objective:

- To maintain services at 1996 levels.

be restated as:

- To *expand* services *beyond* 1996 levels.

The objective:

- To eliminate the waiting list for assessments.

GOALS & OBJECTIVES *continued*

Be restated as:

- To eliminate the waiting list for assessments *as a starting point for the elimination of all waiting lists*

The objective:

- To ensure a co-ordinated approach to education and prevention through discussion with voluntary agencies.

be restated as:

- To ensure a co-ordinated approach to education and prevention through discussion with voluntary agencies, *community groups and statutory agencies.*

The objective:

- To develop programmes to increase the awareness of drugs misuse and to develop strategies aimed at influencing young people regarding drug misuse.

be restated as:

- To develop programmes to increase the awareness of drugs misuse and to develop strategies aimed at influencing young people regarding drug misuse & *sexual practices*

The objective:

- To provide a realistic medical stabilisation and detoxification for young heroin smokers.

be restated as:

- To provide a realistic medical stabilisation and detoxification for *all* heroin users.

The objective:

- To provide a clinic service for sexually transmitted diseases.

be restated as:

- To provide a clinic service for *Hepatitis* & sexually transmitted diseases.

The objective:

- To limit HIV transmission.

be restated as:

- To limit Hepatitis & HIV transmission

Issues

2.7 The following issues were identified during this phase of the workshop:

- All objectives need clear definitions of targets and measures in order to fully determine the resulting Information Systems needs;
- The phrase 'A drug free lifestyle' needs full definition;
- The term 'drug' needs to be refined to categories and types;
- The phrase 'A normal lifestyle' needs full definition;
- Increased dependency on Community Groups will constrain the level to which Information Systems can be deployed into the user constituencies;
- The term 'control' should read 'stabilisation';
- The status of Trinity Court is evolving and it's Information Systems will need to be more closely aligned/integrated with those of the RIB;
- Any automated storage of data relating to the drugs & aids area will have to be full conformant with the data protection act and must take account of the specific legal status of young people;
- A series of Key Performance Indicators (KPIs) need to be developed for the objectives and a research program instituted to evaluate the results of the KPI gathering;
- Links with GPs at operational and reporting levels need to be formalised;
- The objectives do not cover the function specific projects such as the Gay Men's Project, the Women's Health Project or the Peer Support project; and
- The management processes and structures for the program have evolved from a time when the scale of the Drugs & Aids problem was very small. These structures need to be re-evaluated in the light of the scale of the current problem.

CONSTITUENCIES

Constituencies

3.1 The term constituency may be defined as:

“An identifying group which may or may not be aligned along structural or functional lines, used to map the organization to culture.”
 e.g. Customer, client, department (internal), voluntary agency, GPs, Pharmacists

3.2 In this context the primary constituencies are the clients of the service. The key constituencies identified are shown below. In these lists the nature of the relationship between the service and the constituency, i.e. as a customer of the service or as a supplier to the service, is shown along with the type of contact between the two - whether at an individual level or at an organisational level.

Clients

Constituency	Relationship	Contact
Illicit Drug Users	Customer	Individual/Group
Legal Drug Users	Customer	Individual/Group
HIV +ve/Hepatitis +ve	Customer	Individual/Group
Families & Partners of both above	Customer	Individual/Group
Gay, lesbian, bisexual & men and women who have sex with other men	Customer	Individual/Group
Women in Prostitution	Customer	Individual/Group
Men in Prostitution	Customer	Individual/Group

Internal

Constituency	Relationship	Type of Contact
Finance	Supplier - Processing Payments	Organisational
Secretarial	Customer - Answering Board Queries and PQs	Individual
Estate Management	Supplier - Purchasing, Leasing & Insuring Premises	Individual
Personnel	Supplier -Recruitment, IR	Individual
Communications	Supplier - Media Contact	Individual
Voluntary Agencies	Supplier - Service Contracts Customer - Funding & Co-ordinating Services	Organisation
Community Groups	Customer - Funding, Developing Services	Individual
Other Programmes	Customer/Supplier	

EASTERN HEALTH
BOARD**CONSTITUENCIES** *continued*

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External

Constituency	Relationship	Type of Contact
Dept. of Health	Customer - Developing Plans, Activity Reports	Organisation
Health Research Board	Customer - Data Supplier - Analysis	Individual
Dept. of Justice	Customer	
Social Welfare	Customer - Co-ordinating of Services	Organisation
Education Dept.	Customer/Supplier	
Medical Council/Bord Altranais	Suppliers - Regulatory/Advisory services	
Other Agencies	Customers	
Trinity Court	Supplier	
Europe Task Forces	Customer - Information Supplier - Grants	
Professional Groups	Customers & Suppliers GP's, Pharmacists	Individual/Organisation

3.3 The interaction with the external and client constituencies is typified by:

- Irregular or unpredictable forms of contact
- Low levels of structured data transfer
- High volumes of unstructured data transfer
- Low levels of consent among the client constituencies for the recording of personal data

PRODUCTS & SERVICES

Products & Services

4.1 The term Product may be defined as:

"Part of a deliverable. Products can be either delivery products, work products or presentation products assembled from presentation components. They are essentially physical items produced for use within or outside the service"

E.g. Aids awareness literature, methadone, budgets, strategic plans etc.

4.2 Services on the other hand may be defined as:

"A function that is provided on request, and that hides its internal implementation from the requester. Services typically represent shared, reusable functions. A service can provide a simple or complex function; its implementation can be technically simple or it can require multiple technologies, clinical skills, and administrative skills. 2. Work performed for an enterprise or organizational unit by some organization other than itself."

E.g. Accommodation provision, urine testing, methadone prescription

4.3 The following are the key products and services identified for the Drugs & Aids Service.

Product/Service		Produced By	Frequency
Financial Report & Returns	P	Clerical/Admin	Weekly
Parliamentary Questions	P	Admin/Technical	Daily
Literature Posters	S	Admin/Ed. Officers	Daily/Weekly
Returns re Patients	P	Clinicians/Counsellors	Annual
Accident Reports & Cases	P	Estate Mgmt	Daily/Weekly
Job Descriptions Contracts	P	Admin/Professional	Regular
Information for Media Appearances	S	Professional	Weekly
Contracts & Evaluation	P	Admin.	Annual
Information & Education	S	Admin/Technical	Regular
Joint Training	P/S	Admin/Technical	Sporadic
Service Plans Replies to Queries Activity Reports	P	Admin/Technical	Weekly/Monthly/ Annual
Policies & Protocols	P	Technical	As required
Information & Funding	P/S	Admin/Technical	Sporadic
Admin. Support	S	Admin	Daily/Weekly
Evaluation Info.	P	Admin/Public Health/Clinical	Regular
Management Info.	P	Admin/Public Health/Clinical	Regular

Products/Services	P/S	Produced By	Frequency
Epidemiological Info.	P	Admin/Public Health/Clinical	Regular
Clinical Info.	P	Admin/Public Health/Clinical	Regular
Needle Exchange	P/S	Outreach	As required
HIV + Hepatitis Testing	S	Clinical Team	As required
Outreach	P/S	Outreach	As required
Counselling	S	Clinical Team	As required
STD Screening	S	Specific Clinical Team	As required
Administering, Prescribing and Dispensing of Methadone	P/S	Doctors, Pharmacist, Nursing	As required
Treatment of Drug Users	S	Clinical Team	As required
Primary Care	S	Clinical Team	As required
Urine Testing	S	GA's, Nurses, Laboratory	As required
Training	S	Clinical Team & Education Officers	As required
Research	S		As required
Referral - Internal, External	S		As required
Education/Information	P/S	Clinical Team	As required
Community Welfare	S		As required
Nursing	P+S	Nurses	As required
General & Psychiatric Consultancy	S	Clinical specialists	As required
Courts, Probation, Prisons Liaison	S	As required	As required
Community Care, Social Workers	S	Technical staff	As required
Professional Liaison	S	Administrative and Technical staff	As required
Inpatient Care	S	Hospitals	As required

Issues

4.4 The primary issues relating to products & services are:

- The service produces an extensive range of products & services
- The products & services are generally reactive
- Products & services have a short 'shelf life' as the nature of the problems which the service seeks to address are constantly and rapidly changing
- Products & services have to be highly customisable to meet the needs of the clients

PROCESSES

Processes

5.1 In deriving the processes undertaken by the service the following hierarchy of processes was used:

- Mega Process
 - Major Process
 - Process

In some of the Major Processes it was not possible to drive down to process level within the time available.

5.3 The definitions of the respective categories are:

Term: Mega Process: "The highest-level processes identified for an enterprise. Typically the following 6 mega processes are defined for an enterprise: gaining new business; product/service design; operations; after-sales support; support; and executive. Most enterprises have between two and ten of these high-level processes"
e.g.Demand Reduction, Housing the Homeless etc

Term: Major Process: "A high-level process in the process decomposition of an enterprise; one level below mega process".

Term: Process: "A specific ordering of work activities across time and place, with a beginning, an end, and clearly defined inputs and outputs. A structure for action defining how work is done. Business processes are the structure by which the organization physically does what is necessary to produce value for its customers.."

5.4 The processes identified for the Drugs & Aids area are:

Mega Process		Major Processes		Processes	
2.1	<i>Executive</i>	2.1.1	Planning		
		2.1.2	Procuring Resources		
		2.1.3	Developing & Approving policy		
		2.1.4	Monitoring implementation of services		
		2.1.5	Co-ordination with other services and agencies		
		2.1.6	Reporting		
		2.1.7	Accounting for performance & service		
2.2	<i>Administrative Support</i>	2.2.1	Providing staff information		
		2.2.2	Personnel Administration & Support	2.2.2.1	Training
				2.2.2.2	Recruitment

PROCESSES *continued*

				2.2.2.3	Stress Management
				2.2.2.4	Protocols & Procedures
		2.2.3	Information Management		
		2.2.4	Finance	2.2.4.1	Purchasing
				2.2.4.2	Certification for payment
				2.2.4.3	Budgeting
				2.2.4.4	Payroll returns
2.3	Service Partner Support	2.3.1	Education		
		2.3.2	Peer Support		
		2.3.3	Training		
		2.3.4	Resource & skill provision		
		2.3.5	Contract Management		
		2.3.6	Performance Management		
2.4	Operations Delivery	2.4.1	Operating addiction centres	2.4.1.1	Assessment
				2.4.1.2	Treatment - consisting of: 1. Prescribing 2. Dispensing 3. Counselling 4. Harm Reduction
				2.4.1.3	Testing
				2.4.1.4	Primary care
				2.4.1.5	Welfare
				2.4.1.6	Family support
				2.4.1.7	Education
				2.4.1.8	Resource provision
				2.4.1.9	Creche provision
		2.4.2	Outreach		As per 2.4.1
		2.4.3	Operating satellite clinics		As per 2.4.1
		2.4.4	Operating mobile clinics		As per 2.4.1
		2.4.5	Providing residential detox/ stabilisation services		As per 2.4.1
		2.4.6	Running group specific projects		As per 2.4.1
		2.4.7	Rehabilitation		As per 2.4.1
		2.4.8	Prevention	2.4.8.1	Provide information
				2.4.8.2	Providing training
				2.4.8.3	Providing skills
2.5	Communication/ Environment Management	2.5.1	Influence & inform Public opinion		
		2.5.2	Influence & inform legislative change		
		2.5.3	Influence & inform resourcing		
		2.5.4	Influence & inform policy making		
		2.5.5	Disseminate information		

PROCESSES *continued*

		2.5.6	Changing professional practice		
2.6	Quality Management	2.6.1	Define & set standards		
		2.6.2	Measure performance		
		2.6.3	Feedback and control		
2.7	Product & service development	2.7.1	Research		
		2.7.2	Design		
		2.7.3	Testing		
		2.7.4	Evaluation		
		2.7.5	Procurement		
		2.7.6	Promotion		
		2.7.7	Distribution		

Issues

5.3 The key issues identified in relation to the processes are:

- Processes are generally undocumented;
- Few processes have associated performance measures;
- Performance measures are critical for the management of contracts with suppliers of products and services;
- Resources are not optimally allocated to support all the processes being undertaken;
- Support for the Operations delivery processes is inadequate;
- No structures are in place to support Quality Management
- A Drugs & Aids specific Patient Charter is required

KEY INFORMATION NEEDS

6.1 A key information need refers to a set of information required by the business to execute it's functions. Information needs are broken down into two categories:

- **Term: Executive Information Need**
"Information required to monitor achievement of objectives or critical success factors, the validity of critical assumptions, or the impact of opportunities and problems."
- **Term: Operational Information Need**
"A statement of the information required to operate or monitor a process; for example, First Contact by DED, or Time to house an emergency child referral."

6.2 The major information needs identified in the study are grouped in Appendix B relative to the processes they support. For ease of review they are summarised and grouped below into their respective categories:

<i>Type</i>	<i>Need</i>
Executive	Scale of the Drugs & Aids problem
	Outcomes per service provided
	Knowledge of best practices at clinical and operational levels
	Public opinion
	Budget performance
	Establishment
	Patient treatment statistics
	Quality metrics
	Research data
	Activity Statistics
Operational	Budget
	Expenditure
	Staff details
	Staff skills
	Clinical treatment data
	Quality assurance data
	Activity data by product by service by centre
	Patient data
	Family data
	Test results
	First contact data
	Patient life cycle position
	Needs data (clinical, social, environmental)
	Research Data
	Service/Product by partner
	Client/Customer by partner
	Resource/cost by partner
	Contracts
	Contract performance
	Current levels of knowledge
Gaps in staff skills against needs	
Absenteeism rates	
Development needs of staff	

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KEY INFORMATION NEEDS *continued*

6

Issues

6.2 The key issues relating to Information needs are:

- Information systems support for the processes is very low
- Information needs are primarily supported manually
- Information types are diverse and primarily unstructured
- Information needs must be met flexibly

EASTERN HEALTH
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APPENDICES

APPENDIX

-
- | | |
|---|------------------------|
| A | Curricula Vitae |
| B | Detailed Process Forms |
-

EASTERN HEALTH
BOARD

ATTENDEES

A

Mr Joe Barry

Mr Ray Keane

Mr Willy Rattigan

Ms Anne Halpin

Mr Eamonn Keane

Ms Sheila Hellernan

Ms Margaret Burke

Ms Nihal Zayed

Mr David Wyse

Ms Aine Hall

Ms Marie McKay

Mr Mick Quillan

EASTERN HEALTH
BOARD

DETAILED PROCESS FORMS

B

Process	No.	Conducted By	Frequency
Finance			
Personnel			
Activity Level Data			
Outcome Level Data			
Occupational Health			
Screening & Analysis			
Data Protection			
Management of Services			

Process Description Form

PROCESS	Executive	LEVEL NO.	2.1 (Mega)
Description: <ul style="list-style-type: none"> • Planning - Annual service plans, long term planning, organisation structure • Procuring Resources - Funding, staffing • Developing & Approving policy procedures • Monitoring implementation of services • Co-ordination - within the organisation and with other agencies • Reporting upwards - CEO and board • Accountability - Promote good staff relations and morale 			
Section Responsible: Programme Manager S.E.O. and S.A.O. Area Operating Managers x 3 Administrator & support staff			
Frequency: Daily Annually Long term		Triggers: Legislation Political - Social, National & European Epidemiology, Personnel needs, Expansion, Media	
Inputs: Personnel Finance Support			
Outputs: Personnel: Services Finance: Services Support: Budgetary control, legal Facilitating and co-ordinating, Information - IT system			
Customer: EHB, Dept. of Health, Dail Personnel (our staff), Voluntary and Community Groups			
Supplier: Personnel, Dept., Training Bodies, Finance, Legal Staff			

Process Description Form

PROCESS	Partner Support	LEVEL NO.	2.2 & 2.3 (Mega)
Description:			
Resourcing, training, skilling, I.R., Structuring, Information/Communication, Policy & Procedure for excellence of service delivery.			
Section Responsible:			
All managers Admin - Personnel, Finance I.T. Trainers			
Frequency:		Triggers:	
Constant, consistent		Needs - Internal, External Crisis Service Development	
Inputs:			
Skills, Information, Professional bodies. Executive - skill, information, decisions			
Outputs:			
Effective budgeting - morale - efficiency, economy, effectiveness, I.R. Infrastructure for delivery of operations			
Customer:			
Staff			
Supplier:			
Staff, Executive, External expertise			

KIN Description Form

INFORMATION NEED	Partner Support	ITEM NO.	22 & 23
Type: Operational/Executive			
Description: What is current level of ?? What are gaps in staff training? What is absenteeism rate? Can service needs be met from current staff competencies? What are development needs of staff?			
Section Responsible: <ul style="list-style-type: none"> • Personnel • Service Management 			
Data Mechanism (Paper, phone, computer, etc): Questionnaire (paper) Sickness, absence Focus groups (?)		Triggers:	
Source: Questionnaire (paper) Sickness, absence Focus groups (?)			
Destination: Management Feedback to staff Personnel			
Processing:			
Notes:			

Process Description Form

PROCESS	Partner Support	LEVEL NO.	2.4 (Mega)
Description: Resourcing, facilitating, co-ordinating, co-operating			
Section Responsible: A.O.M. P.M.			
Frequency: Daily		Triggers: Crisis management Service development	
Inputs: <ul style="list-style-type: none"> • Finance • Skills • Staff • Information • Material resources • EU grants 			
Outputs: Service delivery Policy & procedure Performance management			
Customer: Voluntary and Stat. Agency Community Groups European Partners			
Supplier: Admin. Management Staff			

Process Description Form

PROCESS	Operation Delivery	LEVEL NO.	2.4
Description: Mobile Unit Admin. of Methadone (low dose) Needle Exchange Referral			
Section Responsible: <ul style="list-style-type: none">• Nurses• Outreach• G.A.'s Psychiatric			
Frequency: Daily		Triggers: Customer demand, discharge from clinics	
Inputs: Requests for service			
Outputs: Harm minimisation Crisis intervention			
Customer: Client/patient			
Supplier: Outreach, Nursing, GA's			

Process Description Form

PROCESS	Environment Management	LEVEL NO.	2.5
Description: <ul style="list-style-type: none"> • Influence Public Opinion • Change Law • Procure Resources • Introduce Policy • Disseminate information • Lobbying • Advocacy • Change Professional Practice 			
Section Responsible: <ul style="list-style-type: none"> • Executive • Communications • Public Health • Management Services 			
Frequency: Never ceases		Triggers: Publicity, Public Health, Catastrophe, External Comparisons, Elections	
Inputs: <ul style="list-style-type: none"> • Information • Energy • Networks 			
Outputs: <ul style="list-style-type: none"> <li style="width: 50%;">• Social & Health gain <li style="width: 50%;">•• customer Satisfaction <li style="width: 50%;">• Better services <li style="width: 50%;">• Rational public debate <li style="width: 50%;">• Met Need 			
Customer: <ul style="list-style-type: none"> • Public • Politicians •• Media •• Professionals 			
Supplier: <ul style="list-style-type: none"> • The staff of the services • The management team • Mass media 			

Process Description Form

PROCESS	Set Standard	LEVEL NO.	2.6.1
<p>Description:</p> <p>To measure the quality of each section in the Drug/Aid service:</p> <ul style="list-style-type: none"> • Urine testing • Interaction of drugs • Behaviour • Quality of life 			
<p>Section Responsible:</p> <p>Clinical Team</p>			
<p>Frequency:</p> <p>Couple times per year</p>		<p>Triggers:</p> <p>International Research</p>	
<p>Inputs:</p>			
<p>Outputs:</p>			
<p>Customer:</p>			
<p>Supplier:</p>			

Process Description Form

PROCESS	Measure Performance	LEVEL NO.	2.6.2
Description: <ul style="list-style-type: none"> • Stability of clients in Drug Aid Service • Side effects reduction • Improve quality of life of patient • Records • Analyses • Urine results • Evaluation 			
Section Responsible: Clinical team			
Frequency: Daily		Triggers: New products on market New clients Change treatment	
Inputs: Staff Clinical Meeting, Publication Clinical meeting weekly			
Outputs: <ul style="list-style-type: none"> • The successful ingestion of product • Stability of Patient • Better performance 			
Customer: Clients			
Supplier: Manufacturer of Product			

Process Description Form

PROCESS	Product & Service Development	LEVEL NO.	2.7 Mega						
Description: Innovative ways. Responding to needs/demands of various target groups. Through: research, design, testing evaluate, procurement, promotions (distribution, implementation), Publications, resources for prevention or stabilisation.									
Section Responsible: Various projects or generic teams within the service depending on target group: <ul style="list-style-type: none"> • outreach • nurses • counsellors (Subject to Programmatic Manager ?)									
Frequency: Depends - 6-12 per year		Triggers: Unmet needs - international development							
Inputs: Staff, target groups, management, partner/s Other research - advice - current products									
Outputs: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Publications</td> <td style="width: 50%;">Service</td> </tr> <tr> <td>Resource Packs</td> <td>Training Resource</td> </tr> <tr> <td></td> <td>Media - publicity</td> </tr> </table>				Publications	Service	Resource Packs	Training Resource		Media - publicity
Publications	Service								
Resource Packs	Training Resource								
	Media - publicity								
Customer: Target group/s, public, health professionals, service									
Supplier: Depends on product									

Process Description Form

PROCESS	Measure Performance	LEVEL NO.	2.62
Description: <ul style="list-style-type: none"> • Stability of clients in Drug Aid Service • Side effects reduction • Improve quality of life of patient • Records • Analyses • Urine results • Evaluation 			
Section Responsible: Clinical team			
Frequency: Daily		Triggers: New products on market New clients Change treatment	
Inputs: Staff Clinical Meeting, Publication Clinical meeting weekly			
Outputs: <ul style="list-style-type: none"> • The successful ingestion of product • Stability of Patient • Better performance 			
Customer: Clients			
Supplier: Manufacturer of Product			

KIN Description Form

INFORMATION	Feedback/Control	ITEM NO.	2.6.3
NEED			
Type: Operational/Executive			
Description: Every set of time, 3 or 6 month, there should be gathering of feedback from each section in the service. The pharmacy could provide the service with statistical analysis (attendance of client, success rate ..). We need feedback from urinary analysis. Each program in the service should be coded and the urinary analysis are kept each in separate files for success as studies.			
Section Responsible: Each section in the Drug/Aids service should provide a feedback about each service provided. This feedback and control should be supplied every set period (3 or 6 months).			
Data Mechanism (Paper, phone, computer, etc): Computer Statistics		Triggers:	
Source:			
Destination:			
Processing:			
Notes:			

Process Description Form

PROCESS	Quality Assurance	LEVEL NO.	7.6						
<p>Description: Standardisation</p> <ul style="list-style-type: none"> • The procedure and protocol have to meet the highest quality standard. • To ensure delivery of product and services by FHB meets predefined quality standard in every section case. 									
<p>Section Responsible:</p> <p>As the service is dealing with different professional groups, I suggest for each service there will be one person appointed on a senior level to communicate with his own profession and set out a quality guideline for this group working within the drug Aids Service. The senior could meet with government bodies (pharmaceutical society) and set the standards to meet the highest quality.</p>									
<p>Frequency:</p> <p>Year</p>		<p>Triggers:</p>							
<p>Inputs:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Staff</td> <td style="width: 50%;">Statistics</td> </tr> <tr> <td>Clinical Meeting</td> <td>Specific training</td> </tr> <tr> <td>Skills</td> <td></td> </tr> </table>				Staff	Statistics	Clinical Meeting	Specific training	Skills	
Staff	Statistics								
Clinical Meeting	Specific training								
Skills									
<p>Outputs:</p> <p>Policy procedure Standard</p>									
<p>Customer:</p> <p>Client patient Staff</p>									
<p>Supplier:</p>									

Process Number:

To ensure quality in the services:

- The service should provide proper training for staff
- Respect their performance
- Education
- Development of job specification

Process Description Form

PROCESS	Operation Delivery	LEVEL NO.	AI
Description: Inpatient detox service			
Section Responsible: <ul style="list-style-type: none"> • Nurses • G.A.'s • Addiction Counsellors • Psychiatrists 			
Frequency: Daily		Triggers: Referral from clinics, Voluntary services, Customer demand, Addiction counsellors	
Inputs: Requests for service			
Outputs: Detoxification/Abstinence			
Customer: Patient/Family			
Supplier: Clinical Team			

Process Description Form

PROCESS	Operation/Delivery	LEVEL NO.	A3
Description:			
<p>Satellite clinic is a partnership between EHB and community to provide treatment support, aftercare and rehabilitation - linking to employment.</p>			
Section Responsible:			
<p>G.P., counsellors (addiction), Outreach, Community, Secretarial Support and GA's & Nurse. Pharmacies (community) Area ? manager</p>			
Frequency:		Triggers:	
<p>Part time (nursing, Outreach, counselling, community) Daily dispensing G.P. one-two times per week</p>		<p>Customer demand</p>	
Inputs:			
<p>Requests for service</p>			
Outputs:			
<p>Stabilisation Reduction Detox Maintenance</p>		<p>Normalisation of life Abstinence</p>	
Customer:			
<p>Patient/Client/Families</p>			
Supplier:			
<p>G.P.'s, G.A.'s, Community, Outreach, Counsellor</p>			

Process Description Form

PROCESS	Operation/Delivery	LEVEL NO.	A2																				
Description:																							
<p><i>Addiction Centre</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Assess</td> <td style="width: 50%;">Primary Care</td> </tr> <tr> <td>Treatment</td> <td>Education</td> </tr> <tr> <td>Counselling</td> <td>Community Welfare</td> </tr> <tr> <td>Meth desp.</td> <td>Family support</td> </tr> <tr> <td>Testing</td> <td>Harm minimisation</td> </tr> </table>				Assess	Primary Care	Treatment	Education	Counselling	Community Welfare	Meth desp.	Family support	Testing	Harm minimisation										
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Treatment	Education																						
Counselling	Community Welfare																						
Meth desp.	Family support																						
Testing	Harm minimisation																						
Section Responsible:																							
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Assessment:</td> <td>G.P's./Counsellors/Outreach/Nurses</td> </tr> <tr> <td>Treatment:</td> <td>G.P's./Counsellors/Pharm/Nurses</td> </tr> <tr> <td>Meth desp.:</td> <td>Pharm/Nurses</td> </tr> <tr> <td>Testing:</td> <td>G.P./Counsellors/Nurses/Outreach - Clinical team, G.A's + Labs.</td> </tr> <tr> <td>Primary Care:</td> <td>Nurses/G.P's/G.A's/Secretaries</td> </tr> <tr> <td>Education:</td> <td>Clinical team</td> </tr> <tr> <td>Family Support:</td> <td>Clinical</td> </tr> <tr> <td>Welfare:</td> <td></td> </tr> <tr> <td>Harm minimisation:</td> <td>Outreach (needle exchange)</td> </tr> <tr> <td></td> <td>Better Quality Health</td> </tr> </table>				Assessment:	G.P's./Counsellors/Outreach/Nurses	Treatment:	G.P's./Counsellors/Pharm/Nurses	Meth desp.:	Pharm/Nurses	Testing:	G.P./Counsellors/Nurses/Outreach - Clinical team, G.A's + Labs.	Primary Care:	Nurses/G.P's/G.A's/Secretaries	Education:	Clinical team	Family Support:	Clinical	Welfare:		Harm minimisation:	Outreach (needle exchange)		Better Quality Health
Assessment:	G.P's./Counsellors/Outreach/Nurses																						
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	Better Quality Health																						
Frequency:		Triggers:																					
Daily		Customer demand Medical need																					
Inputs:																							
Requests for service																							
Outputs:																							
Stabilising of clients, detox. Normal life Harm minimisation Abstinence																							
Customer:																							
Patient/Client General Public Families																							
Supplier:																							
Clinical staff team/Outreach education officer																							

Process Description Form

PROCESS	Operation Delivery	LEVEL NO.	A4
Description: Central Services			
Section Responsible: <ul style="list-style-type: none"> • Psychiatrists • G.A's • Nurses • Addiction Counsellors • Area ? managers 			
Frequency: Daily		Triggers: General practise, Satellite Clinics, Addiction Centres and Customer demand	
Inputs: Requests for service			
Outputs: Psy. Assessment/treatment Care of Pregnancy/Stabilisation			
Customer: Patient/Client/Families			
Supplier: Psy, Nurses, G.A's, Counsellors			

Process Description Form

PROCESS	Operation Delivery	LEVEL NO.	AS
Description: General Practice Community Medical Service			
Section Responsible: Stable methadone maintained drug users ??			
Frequency: Weekly		Triggers: Clinic referral	
Inputs: Referral from clinics			
Outputs: Continued care of stabilised patients			
Customer: Patient			
Supplier: G.P. and Community Pharmacy			