

Notes from CRISSP Forum for Senior Sector Managers and DHS Monday 22 September 2008

Present:

Poul Bottern - Chair (Wesley), Holly Reid (Menzies), Helen Burt (MacKillop), John Avent (Westcare), Julie Roach (Orana), David Pugh (St Lukes), Luke Rumbold (Upper Murray Family Care), Marg Hamley (Berry Street), Philip Moran (Moreland Community Health), Judy Wookey (Glastonbury), Cheryl de Zilwa (Windermere), Kevin Zibell (CaFS), Chris Baring-Gould (Anglicare), Robyn Gillies (QEC), Peter Green (FamilyCare), Angela Forbes (Connections), Cathy Humphreys (Uni of Melbourne and the Centre), Kimberley Flanagan (Connections)
DHS: Paul McDonald, Alan Hall, Mary McKinnon, Gaye McPherson, Stephen Graham, Neville Caine, Felicia Cousins, Linda Gerdtz
The Centre: Coleen Clare, Sunitha Raman, Karen Scobell

Issues raised:

Poul suggested three core sector issues in relation to CRISSP. These were the focus of the ensuing discussion:

1. Ownership of data
2. Limited reporting functions
3. Interface with existing CSO systems

1. DHS made it clear that the organization owns the data in CRISSP. DHS staff are able to see client placement information and total client load but nothing else. No case notes are able to be seen by DHS staff, with the exception of case notes created under the Placement component: these are visible to DHS staff.

Issues arise, however, in relation to Contracted Case Management (where CRIS is used). When a case is closed in CRIS, the organization loses access to that client's records. Questions remain in relation to client access to their records in such cases, and liaison with Public Records Office Victoria (PROV).

Actions and agreement (Ownership of data):

- A single LAC record (irrespective of CRIS or CRISSP usage to record data) to be created. This project is out for tender, with a March 2009 date for completion (at the earliest).
- Progress re PROV will be discussed at 14 October CRISSP Reference Groups meetings

2. Many concerns were voiced relating to poor reporting functionality of CRISSP. These included a "user-unfriendly" system, with reports very hard to read; organizations maintaining their own reporting systems, thus doubling (or tripling) up re. data entry at organisational level; double/triple data bases (LAC, FACTS, other) – workload can't be sustained by already over-worked staff; performance measurement can't be achieved via current CRISSP reports; a generally unwieldy system with many delays, difficult data entry and users being "thrown off" the system unexpectedly; IRIS reporting functions work quite well at catchment level – how can this be incorporated when looking at CRISSP for Family Services?

Related discussion included concerns that DHS staff had received systems upgrades to make their work easier, but this hadn't been available to CSO staff. No staff increases for CSOs, but CRISSP exacerbates an already fraught workload situation (registration/accreditation, increase in client complexity etc).

A key question: Why are CRISSP roll-outs continuing when so many unresolved issues still exist with the system?

Actions and agreement (Limited reporting functions):

- Problems with reporting are being given the highest priority (DHS)
- A “data warehouse” approach to be used that will provide an integrated client case management system from which lowest possible level data will be able to be accessed by CSOs. This will ensure usefulness of reporting at the most detailed level (DHS)
- Assurance that from now on business requirements related to reporting will be identified *prior* to building new data bases to ensure usable reports can be produced (DHS)
- There is no pressure for a Family Services roll-out of CRISSP – no business case for this has been written as yet (DHS)
- CRISSP Reference Groups are the key means to feedback re. all issues (DHS). Therefore:
 - Must ensure regularity of meetings (decision for 1/4ly meetings, but only two held in 2008, with a final one in October)
 - Benchmark all the system enhancements to date, including when asked for, and continue this record into the future. Thus all requests and responses are recorded and transparent, and sector and DHS can see and measure progress to date. This is do-able now (DHS)
 - Ensure commitment to attending and using Reference Group meetings effectively (CSO reps); DHS to provide Groups’ membership information (via the Centre)
 - Identify 10 highest priorities for enhancement prior to any further roll-outs (CSO reps)

3. Little progress has been made in relation to looking at CSO systems’ interface with CRISSP. A key issue revolves around what data sets are to be used, and this in turn cannot be finally determined until reporting functionality enhancements are made to CRISSP. Either way, there isn’t the actual ability for CRISSP to interface with any other system, according to DHS.

Actions and agreement (Interface with existing CSO systems):

- DHS to report back re. the effectiveness of new data warehouse approach for reporting enhancements. Decisions can then be made at CSO level whether and how much to invest in enhancing their own systems, or to agree that the new reporting data base can deliver on what’s needed.

Overall agreement:

- The CRIS/CRISSP team within DHS have been working hard to respond to issues arising for individual CSOs. However it was agreed that we need a more systemic approach.
- Senior level CRISSP forums are an effective mechanism. Decision to hold one every 3 months in order to ensure issues identified at the higher organisational levels are aired, discussed and responded to effectively.

Action:

Second forum to be held during first two weeks of December 2008. Centre to co-ordinate. Key areas of discussion to include improved reporting functionality via the data warehouse approach, and the list of requested upgrades/problems and consequent outcomes (the “benchmarking” exercise).