Group Reports Database

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This document describes the use of the new Group Reports Database, initially released on January 7, 2008. This application contains 8 reports designed to help clinicians and administrators track our progress towards more active group treatment on our units. As you will see, very little learning is required to run these reports.

The program (and subsequent releases) will be distributed through email containing an installation icon. Once you have double-clicked on the installation icon in the email, you should find an icon on your desktop named “Group Reports.” This application requires the same network rights and security clearance as previous programs (e.g., ITPS). Use the same username and password to gain access.

Please understand that these reports are relatively meaningless until your unit has at least set up its groups, as detailed in a memo circulated on the morning of January 3. Some of the reports further require group members to have been added to become meaningful. The unit and patient consistency reports only become interesting once you have been using the system to record group attendance. Note that all groups of the “Other” type are excluded from these reports. (This type should be used only for services that are not really groups, e.g., individual treatment.)

Once you have double-clicked on the “Group Reports” icon and have entered your username and password, you should see the following screen:
Select a unit from the drop-down box. Then, enter both a starting date and time, and an ending date and time for the time interval to be analyzed. (You can see the required date and time formats above.) This is necessary because some of the reports analyze the specified time interval.

Example: One of the reports analyzes the consistency with which scheduled groups actually occur. This question only makes sense in reference to a specific period of time.

After filling in the required 5 fields, you can choose either Unit-Centered or Patient-Centered Reports. As you will see below, the unit-centered reports are an overview of group activity associated with a particular unit. This activity might involve the participation of patients from other units. Patient-centered reports focus on the group activity of the patients who reside on a particular unit, and may include activity that occurs off the unit.

If you click on the Unit-Centered Reports button, you should see the following:

![Unit-Centered Group Reports]

Clicking on any of the 4 report buttons will result in the requested report (based on the parameters entered on the previous screen) being printed to the screen. Click on the printer icon in the menu bar to send it to your printer. The “?” buttons to the right of each report button bring up a description of the report very closely resembling the information below. The reports are as follows:

Overview of Unit Programming

This report analyzes each type of group offered on the unit. (Recall that types include Psychosocial Rehabilitation, Psychotherapy, Psychoeducation, Leisure, and Milieu Support.) The groups within each type are listed, and include the leader, the number of hours scheduled per week, and the number of members. The total hours per week of each type is calculated, as is the overall total.
Note that this report will give you an idea of the extent to which the unit’s groups have been set up. Groups of the “Unspecified” type, groups with no leader, groups with no hours, and groups with no members suggest incomplete setups. Missing groups, of course, have simply not been entered into the system at all.

Description of Unit Programming

This is a more detailed analysis of group programming. The “Description” is of particular interest, since this is where the purpose of the group can be summarized. Once again, groups are sorted by type. Groups of the “Unspecified” type and other missing information suggest a need for group setup.

Unit Schedule of Groups

This report is in 2 parts. The first part should be a schedule by day of the week and time of the unit group offerings. The start time, end time, name, type and leader of the group are listed. For a group to appear on the schedule, however, it must be completely set up (including the days of the week when it is offered). It will appear on the list, however, even if it has no members.

The second part of the report lists groups that have been entered into the system, but which lack sufficient information to appear on the schedule.

Unit Consistency of Groups

This is a relatively complex analysis, and therefore may take a few minutes to run (depending on the length of the time interval selected). For each group, it calculates the total number of hours that should have occurred during the specified interval, and compares it to what actually transpired. (It looks for the largest number of minutes associated with a patient who attended a given meeting of the group; it will count the group as having occurred as long as attendance was taken, even if progress notes were not written.)

As with the previous report, the system lists groups for which there was insufficient setup information to be included in the analysis.

In case you find yourself getting aggravated by the time it takes the system to generate this report, think about how long it would take someone to do this analysis manually using written records (especially for groups containing patients from multiple units). While the computer is “thinking,” get yourself a cup of coffee or give a deserving fellow worker a collegial hug.
If you return to the Main Menu (using the Return button), and click on Patient-Centered Reports, you will see the following:

![Patient-Centered Group Reports](image)

This screen works very much like the Unit-Centered Reports screen, except that the last 3 reports require the selection of a patient using the drop-down box at the top. The reports are as follows:

**Overview of Patient Programming**

This lists each patient in the selected unit’s census, and breaks down that person’s programming into the 5 types. Very limited group programming, or having “Unclassified” group activity, suggest incomplete group setups. Note that activity will only appear if members have been added to groups.

**Description of Patient Programming**

For the patient selected, this lists that person’s groups, sorted by type. It provides detailed information, similar to that in the “Description of Patient Programming” report.

**Patient Schedule of Groups**

Like its unit-centered counterpart, this report is in 2 parts. The first part should be the selected patient’s schedule by day of the week and time of day. The start time, end time, name, type and leader of the group are listed. For a group to appear on the schedule, however, it must be completely set up (including the days of the week when it is offered). It will only appear on a particular patient’s schedule, also, if the patient has been made a member of the group.
The second part of the report lists groups that have been entered into the system, but which lack sufficient information to appear on the schedule.

Patient Consistency of Groups

Like its unit-centered counterpart, this is a complex analysis, and therefore may take a few minutes to run (depending on the length of the time interval selected). For each group for which the selected patient is a member, the report lists the total number of hours that should have occurred during the specified interval, and compares it to what actually transpired. (It will count the patient as having attended the group as long as the patient was marked “present” when attendance was taken, even if progress note was not written.)

As with the previous report, the system lists groups for which there was insufficient setup information to be included in the analysis.

A few parting thoughts

These reports are merely a tool to help us keep track of how we’re doing in our necessary move towards more active treatment. It is hoped that they will prove useful both to the staff involved in creating and running groups, and to administrators charged with overseeing this process.

Out of context, the data in these reports are relatively meaningless. In the big picture, it doesn’t really matter whether one unit provides a lot of group programming or very little. What matters is that all the patients on all the units get what they need. There may be very good reasons why a unit provides an unexpectedly high or low volume of programming. Similarly, there might be very good reasons why a patient misses a scheduled group. Computers don’t understand these sorts of things, but one hopes that we do.

Lastly, it needs to be acknowledged that documenting and tracking group programming is the easy part. Creating quality programming, and matching it to the needs of our patients, is the real challenge. These reports will tell us whether groups are happening and whether patients are going to them; they will not tell us, however, whether the groups are effective. On the other hand, I have not known of a non-existent or canceled group that ever helped anyone, nor have many patients learned much from groups that they did not attend. So, cut me some slack.