Alcohol and Drug Outcome Measure (ADOM)

Report building rules

July 2018

Version 2.1

Version control

Version	Date	Status	Description of change
Draft 1	May 2016	Working draft	document creation
Draft 2	June 2016	Working draft	amended after first advisory group meeting
Draft 3	August 2016	Working draft	amended internally prior to second advisory group meeting, includes reports measure specification rules
Draft 4	September 2016	Final for advisory group comments	amendments following advisory group meeting, 17 August
Final	December 2016	For publication	amended following final comments
Final	August 2017	Published	brand update
Version 2	April 2018	Published	update rules based on previous analysis
Version 2.1	July 2018	Published	Removed exclusion relating to q. 7 as PRIMHD now allows a 'none' answer.

Acknowledgements

Te Pou o te Whakaaro Nui [1] acknowledges the advice and guidance of the advisory group in producing this document:

Membership

ADOM reports advisory group		
Name	Role	Email address
Dr Barry Welsh	Principal advisor, Ministry of Health	Barry_Welsh@moh.govt.nz
Dr Daryle Deering	Senior lecturer, National Addiction Centre	daryle.deering@otago.ac.nz
Assoc Prof Simon Adamson	Associate professor, National Addiction Centre	simon.adamson@otago.ac.nz
Nickie Stroud	Quality and performance support officer, CareNZ	nickie.s@carenz.co.nz
John Conneely	Mental health - development coordinator, Hawkes Bay DHB	John.Conneely@hawkesbaydhb.govt.nz
Vicki Aitken	Director, Mental health and addictions, Waikato DHB	Vicki.aitken@waikatodhb.health.nz
Tejpal Singh	Psychiatrist, addictions, Waikato DHB	Tejpal.Singh@waikatodhb.health.nz
Matthew Dwyer	Information analyst, PRIMHD, Ministry of Health	Matthew_Dwyer@moh.govt.nz
Paul Hanton	Clinical project lead, Te Pou o te Whakaaro Nui	Paul.Hanton@tepou.co.nz
Suzy Morrison	Consumer lead, Matua Raḳi	Suzy.Morrison@matuaraki.co.nz
Rhonda Robertson	National consumer advisor, Salvation Army	Rhonda_Robertson@nzf.salvationarmy.org
Keri Opai	Paeārahi, Te Pou o te Whakaaro Nui	Keri.Opai@tepou.co.nz
Waitematā	TBC	
Sandra Baxendine	Information analyst, Te Pou o te Whakaaro Nui	Sandra.Baxendine@tepou.co.nz
Dr Angela Jury	Researcher, Te Pou o te Whakaaro Nui	Angela.Jury@tepou.co.nz
Dr Mark Smith	Clinical lead, Te Pou o te Whakaaro Nui	Mark.Smith@tepou.co.nz
Klare Braye	Principal advisor, addictions, Ministry of Health	Klare_Braye@moh.govt.nz

ADOM reports

ADOM was mandated for use by adult outpatient, community alcohol and other drug (AOD) services from 1 July 2015. The primary use of the data captured is to provide feedback to tāngata whai ora about changes on their recovery journey whilst in treatment. Secondary to that, all collections submitted to Programme for the Integration of Mental Health Data (PRIMHD) provide an opportunity to aggregate data and produce some reports that may be of use to the AOD sector and the Ministry of Health. Te Pou will produce reports on ADOM information and data held in PRIMHD for the AOD sector. These reports are intended to support the sector to improve service delivery. It should be noted that these reports are not designed to be used as performance management tools, completion rates are not a key performance indicator, nor are these reports aimed at informing funding decisions.

This document will also act as guidance to the addiction sector on building localised reports. To make the reports comparable over time and useful, Te Pou understands it is necessary to establish a report building methodology. The methodology will clarify what data should or should not be included in the reports and the

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[1] As an acknowledgement and support of Māori language use Te Pou o te Whakaaro Nui uses its full name in the first instance and then uses 'Te Pou'.

logic behind any decisions. The body of the document is for general reading and the intended audience is diverse. The report building methodology (measurement specifications) are detailed in **Appendix 1** of this document and will be more useful to analysts and information specialists.

Background and purpose

There are a number of collection points of ADOM information that align with the Information Collection Protocol (ICP)[2]. The information that is collected and submitted to PRIMHD consists of:

- **Administrative information**
- **Section 1** – 11 questions about the type and frequency of substance use.
- **Section 2** – seven questions about lifestyle and wellbeing.
- **Section 3** – two questions about tāngata whai ora satisfaction with their recovery.

The information that is collected is mapped in PRIMHD to a numerical value, a yes/no, or not answered response. This information can be extracted as data, this is detailed in the: PRIMHD Code Set Standard 10023.2:2017 PRIMHD Data Set Standard https://www.health.govt.nz/publication/hiso-1002322017-primhd-data-set-standard

This document aims to:

- clarify which teams and tāngata whai ora groups will have data included in aggregated reports
- clarify how much data needs to be present (not 'missing') to validate that particular ADOM collections' inclusion in any report
- identify which pieces of data will be excluded before any report is built and why
- support a report building methodology document that will guide internal and external report production.

The ADOM reports

- The reports will initially focus on (matched pairs) treatment start and treatment end collections (although the scope may expand in time).
- All three sections of ADOM should be reported on as simply as possible, as appropriate. Data should be presented visually and with summaries[3].
- In analysing the information, Te Pou will apply rules to sample sizes that are appropriate to publish.

How much data needs to be present?

Individual ADOM collections with five or more missing questions (other than questions 7, 9 or 11) are to be filtered out before undertaking any analysis. There is a full discussion document archived at Te Pou that informed decisions regarding what collections will be included in the final reports.

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[2] Section 4 of 'ADOM Guide for addiction practitioners,' Version 4.2, April 2017

[3] There is a recognition that an overall 'big picture' approach will be used initially with an increasing level of detail over time.

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Which data is included or excluded from reports and why?

Only data from mandated services with agreed groups of tāngata whai ora (as per the ADOM practitioners guide and ICP) will be included in reports initially. Mandated services are: outpatient, adult community alcohol and other drug teams. There is a recognition that data from some non-mandated services is being reported to PRIMHD but will not be used for these reports. Excluded services and groups (from reports) include, but are not restricted to:

- inpatient services and residential services, custodial services, mental health (only) teams
- teams and services that do not meet PRIMHD mapping data standards[4].

Data will be subject to the following inclusion and exclusion rules:

Summary of rules	Rationale	Comments
Individual collections with five or more missing items are to be excluded from the analysis during initial screening (**five or more missing questions other than questions 7, 9 or 11 and the collection is invalid**).[5]	See rationale and protocols in Appendix 1.	This has a more in depth 'background' paper.
Only treatment start and matched treatment end collections will be analysed and reported on in terms of outcome changes. Total collections in starts, reviews and treatment ends will be noted.	It is the best starting place for analysis as there is more cohesion and integrity of data at this level.	May report wider in time, such as 'reviews'. Any significant 'trends' may be highlighted.
Matched pair analysis **excludes** DNA treatment end data, and treatment end other.	Cannot show changes from start to finish.	Can get DNA figures from PRIMHD.

Step by step process to building ADOM reports

1. ADOM data is extracted from PRIMHD and reports will be developed; this process is detailed in Appendix 1 (measurement specification), will be referred to at the bottom of each report and include:

   - measure description
   - included and excluded codes (teams etc.).

2. Report produced internally by a Te Pou information analyst, checked by ADOM project lead and Te Pou research lead, formatted by administrative support and sent to the advisory group, including Ministry of Health representative on the group for approval and release.

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[4] Waitematā DHB collections prior to 1 April 2018 are not validated and should not be used.

[5] This is excluding questions 7, 9 and 11.

AOD sector guidance

These report building rules serve as a 'standard' which is felt to be appropriate to benchmark the quality of reports. Te Pou understand that individual AOD teams and services may produce their own reports and/or interpret Te Pou reports for local need. Te Pou can be contacted for further clarification where needed on the reports that they produce but will neither comment on, condone, nor condemn localised reports or interpretations.

General recommendations to the sector on building your own reports and/or interpreting Te Pou reports

Section 1

- Focus your analysis on the main substances of concern with the highest percentages nationally and regionally.
- Examine the changes in outcome for the substances of concerns which your organisation has the highest percentage for[6].
- Are your statistics or outcomes vastly different to others? If better, what are you doing, if not, what do you need to improve?

Section 2

- Question by question analysis is the standard to achieve, it may show some issues such as how many people have a planned treatment end but still have housing issues.
- There may be 'trends' showing in your locality, service, and region?

Section 3

- Have people shown an improvement in their recovery[7] whilst engaged in treatment?
- Are their differences in recovery for different groups, ages, and ethnic groups?

Some of the detail of changes at team level and organisational level will not be contained in Te Pou reports but may be analysed at a local level.

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[6] This may not be possible from early Te Pou reports, but may be possible from internal, organisational reports

[7] Recovery is tāngata whai ora defined.

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Appendix 1: Measurement specifications

Accounting for missing ADOM data

Why is it important we have a method for dealing with missing data?

Experts have yet to reach consensus regarding problematic levels of missing data (Scholmer et al., 2010), though losses greater than 20 per cent raise serious validity issues (Dzuira et al., 2003). Te Pou recommends ADOM collections with five or more items missing (other than questions 7, 9 or 11) be removed from the analysis during initial screening.

What about individual collections that are included but are missing an answer to a specific question I want to analyse?

For descriptive statistics all available collections will be analysed. Any case with missing data on the item of interest will be excluded (pairwise deletion).

Graphical representation of when to include a collection in analysis of an individual question

Individual questions	One	Two	Three	Four	Five	Six	Seven
Is the question answered at collection point?	✔	✔	✔	✔	✖	✖	✖
Include	Yes	Yes	Yes	Yes	No	No	No

What collection pairs can I include in ADOM reports?

In reports produced by Te Pou only collections with available data on each item at both treatment start and treatment end will be analysed (matched pairs). Collections with missing data on each item at either treatment start or treatment end will be excluded from the analysis.

Graphical representation of matched pair rules inclusion and exclusion criteria

Individual questions	Start, review & end	Start & end	Start & review	Review & end	Start only	End only	Review only
Start	✔	✔	✔	✖	✔	✖	✖
Review	✔	✖	✔	✔	✖	✖	✔
End	✔	✔	✖	✔	✖	✔	✖
Include	Yes	Yes	No	No	No	No	No

Summary

- If five or more answers (other than questions 7, 9 or 11) are missing from an individual collection exclude from all measurements prior to analysis, or during data screening.
- If an individual collection is missing an answer for a particular question being analysed exclude from the analysis for that question only (**pairwise deletion**).
- In outcome measures only include collections with a treatment start and a treatment end collection (**matched pairs**).

Note: Missing answers are listed as '99' in PRIMHD

Generic filters for ADOM collection measurements

Variable or *rule*	Inclusion and exclusion rules
Reason for collection (RC)	**Include** For ***assessment only*** collections: • RC15 - Assessment only For ***treatment start*** collection calculations: • RC13 - Treatment start - new • RC14 - Treatment start - other AOD service For r***eview*** collection calculations: • RC16 - Treatment review - 6 weeks • RC17 - Treatment review - 12 weeks For ***treatment end*** collection calculations: • RC18 - Treatment end - routine • RC20 - Treatment end - other AOD services
	Exclude • RC19 - Treatment end - DNA • RC21 - Treatment end – other
Missing data rules	**Include** • Only include collections with four or less answers missing. • Collections with an answer to the question when analysing individual questions **(pairwise deletion).** • Collections with data available at treatment start and treatment end **(matched pairs)** in outcome analyses.
	Exclude • Individual collections with five or more answers (other than questions 7, 9 or 11) missing prior to analysis. • Any collection with missing data in the analysis of individual questions **(pairwise deletion).** • Collections where one or both of the collection answers are missing in matched pair analyses. **Note:** Missing answers are listed as '99' in PRIMHD.
Tangata whai ora age	Only include tāngata whai ora aged 18 and over.
Mandated services only	All reports produced by Te Pou on ADOM submissions are built on eligible team submissions as agreed between the ADOM national lead and the PRIMHD National collections and reporting team at the Ministry of Health (MOH).
Waitematā DHB	Data is only included from the 1 April 2018 when Waitematā DHB started using ADOM. Data prior to this is not comparable.

Variable or *rule*	Inclusion and exclusion rules
Matched pairs	Matched pairs take the valid start and end collection which are closest to each other for the same tangata whai ora and organisation. Pairs need to be 28 days or more apart[8].

ADOM collection measurements

Average days of use in the past four weeks

Relevant questions: Section 1 - Questions 1, 3 to 6 and specified substances 7.1 to 7.3

Collection point calculation:

Numerator	Denominator
Aggregated sum of number of days of used in the past four weeks for collections indicating use >0	Number of collections indicating amount of use >0

Outcome calculation:

Average change between treatment start and treatment end in days of use during last four weeks for treatment start collections that indicated >0 days =

Average days of use during the past four weeks for collections with >0 days at treatment start **MINUS** days of use during the past four weeks at treatment **end** for collections with >0 days use at treatment start.

Notes:
- apply *Generic Filters* (see pages 8 to 9)
- For outcome calculations:
    - positive number indicates there is less average use at treatment end
    - negative number indicates there is more average use treatment end.

Percentage of collections indicating any days of use during the past four weeks

Relevant questions: Section 1 - Questions 1, 3 to 6 and specified substances 7.1 to 7.3

Collection point calculation:

Numerator	Denominator
Number of collections indicating any days use in the past four weeks for the particular question	Number of collections with a valid answer to the days for the particular question

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[8] This will pick up the most pairs and is most likely be the same episode of care.

Outcome calculation:

Percentage point change between treatment start and treatment end in the percentage of collections with substance of concern =

Percentage of collections indicating any days of use at treatment start for the particular question **MINUS** percentage of collections indicating any days of use at treatment end for the particular question

Notes:
- apply *Generic Filters* (see pages 8 to 9)
- For outcome calculations:
  - positive number indicates there is less use at treatment end
  - negative number indicates there is more use treatment end.

Average number of standard drinks used

Relevant questions: 2 - standard drinks

Collection point calculation:

Numerator	Denominator
Aggregated sum of number of standard drinks used per day for collections indicating use	Number of collection indicating amount of use > 0

Outcome calculation:

Average change in number of standard drinks use in a day between treatment start and treatment end for collections indicating >0 drinks at treatment start =

Average number of standard drinks in a day at treatment start for those indicating >0 **MINUS** average number of standard drinks in a day at treatment end for those indicating >0 at treatment start.

Notes:
- apply *Generic Filters* (see pages 8 to 9)
- For outcome calculations:
  - positive number indicates there is less average use at treatment end
  - negative number indicates there is more average use treatment end.

Average number of cigarettes used

Relevant questions: 8 - cigarettes

Collection point calculation:

Numerator	Denominator
Aggregated sum of number of cigarettes used per day for collections indicating use	Number of collections indicating amount of use > 0

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Outcome calculation:

Average change in number of cigarettes used in a day between treatment start and treatment end for collections indicating >0 at treatment start =

Average number of cigarettes used in a day at treatment start for those indicating >0 **MINUS** average number of cigarettes used in a day at treatment end for those indicating >0 at treatment start.

Notes:
- apply *Generic Filters* (see pages 8 to 9)
- For outcome calculations:
    - positive number indicates there is less average use at treatment end
    - negative number indicates there is more average use treatment end.

Percentage of collections with a particular substance as main substance of concern

Relevant questions: Section 1 – Question 9a

Collection point calculation:

Numerator	Denominator
Number of collection with specify substance as a substance of concern in question 9a.	Number of valid collections main substance concern in 9a

Outcome calculation:

It is recommended that outcome collection analysis using this question focuses on the specific main substance of concern at the start with the outcomes of other questions of the ADOM tool.

Notes:
- the recommendation is that you report more detail for the specific substances of concern with the highest percentage of main concern
- apply *Generic Filters* (see pages 8 to 9)
- specified substances include, where substance numbers less than 30, are grouped into 'other':
    - A – Alcohol
    - B – Cannabis
    - C – Amphetamine type substance
    - D – Opioids
    - E – Sedatives/tranquilisers
    - F – Ecstasy
    - G – Hallucinogens
    - H – Solvents
    - I – GHB
    - J – Party Pills
    - K – Other drug, unspecified
    - L – Cigarettes/Tobacco (from 1 July 2018)

Percentage of collections with a specified substance as any substance of concern

Relevant questions: Section 1 – Questions 9a, 9b, 9c

Collection point calculation:

Numerator	Denominator
Number of collections with specify substance as a substance of concern in either question 9a, 9b and 9c.	Number of valid collections substance of concern in 9a.

Outcome calculation:

It is recommended that outcome collection analysis using this question focuses on the specified substance of concern at the start with the outcomes of other questions of the ADOM tool.

Notes:

- the recommendation is that you report more detail for the substances of concern with the highest percentage of main concern
- apply *Generic Filters* (see pages 8 to 9)
- specified substances include (where there is small numbers (less than 30) the categories would be grouped into other):
    - A – alcohol
    - B – Cannabis
    - C – Amphetamine type substance
    - D – Opioids
    - E – Sedatives/tranquilisers
    - F – Ecstasy
    - G – Hallucinogens
    - H – Solvents
    - I – GHB
    - J – Party Pills
    - K – Other drug, unspecified
    - L – Cigarettes/Tobacco (from 1 July 2018)

Average number of injecting days, for collections indicating injecting

Relevant questions: Section 1 – Question 10

Collection point calculation:

Numerator	Denominator
Aggregated sum of number of days of injecting in the past four weeks of only those collections indicating injecting.	Number of valid collections indicating days of injecting > 0 in the past four weeks being aggregated.

Outcome calculation:

Average change between treatment start and treatment end in number of days of injecting in the past four weeks for collections indicating > 0 at collection start =

Average number of days injecting in the past four weeks at treatment start for collections indicating > 0 **MINUS** average number of days injecting in the past four weeks at treatment end for those collections indicating > 0 at treatment start.

Notes:

- apply *Generic Filters* (see pages 8 to 9)
- for outcome calculations:
    - positive number indicates there are less days of injecting at treatment end
    - negative number indicates there is more days of injecting treatment end.

Percentage of collections indicating injecting drugs in the past four weeks

Relevant questions: Section 1 – Question 10

Collection point calculation:

Numerator	Denominator
Number of collections indicating injecting for any number of days >0 in the past four weeks	Number of collections with a valid answer to the days of use question >0

Outcome calculation:

Percentage point change between treatment start and treatment end in the percentage of collections with injecting use in the past four weeks =

Percentage of collections with injecting use in the past four weeks at treatment start **MINUS** percentage of collections with injecting use in the past four weeks at treatment end.

Notes:

- apply *Generic Filters* (see pages 8 to 9)
- for outcome calculations:
  - positive number indicates there is less injecting at treatment end
  - negative number indicates there is more injecting at treatment end.

Percentage of collections sharing injecting equipment

Relevant questions: Section 1 - Question 11

Collection point calculation:

Numerator	Denominator
Number of collections indicating 'yes' to sharing of injecting equipment in the past four weeks.	Number of collections with either a 'yes' or a 'no' answer to the sharing of injecting equipment question.

Outcome calculation:

Percentage point change between treatment start and treatment end in the percentage of collections indicating sharing of injecting equipment in the past four weeks =

Percentage of collections sharing injecting equipment in the past four weeks at collection start **MINUS** Percentage of collections sharing injecting equipment in the past four weeks at collection end.

Notes:

- apply *Generic Filters* (see pages 8 to 9)
- for outcome calculations:
  - positive number indicates there is less percentage of collections sharing at end collection
  - negative number indicates there is more percentage collections sharing at the end collection.

Percentage of collections with a specified lifestyle and wellbeing question

Relevant questions: Section 2 – Question 12 to 15, 17 and 18

Collection point calculation:

Numerator	Denominator
Number of collections for particular category for the specific question.	Number of valid collections related to the specific question.

Outcome calculation:

Percentage point change in lifestyle and wellbeing scale between treatment start and treatment end =

Percentage of collection for particular category for specific question at treatment start **MINUS** percentage of collection for particular category for specific question at treatment end.

Notes:

- apply *Generic Filters* (see pages 8 to 9)
- the scale for questions 12 to 15 and 17 to 18 (but not 16, this is reversed) attributes the most positive lifestyle and wellbeing at rating '1':
    - 1 - not at all
    - 2 - less than weekly
    - 3 - once or twice a week
    - 4 - three or four times a week
    - 5 - daily or almost daily
- for outcome calculations:
    - positive or negative number indicates improvement or deterioration in lifestyle and wellbeing at treatment end dependent on the category.

Relevant question: Section 2: Question16

Collection point calculation:

Numerator	Denominator
Number of collections for particular category for the specific question.	Number of valid collections related to the specific question.

Outcome calculation:

Percentage point change in lifestyle and wellbeing scale between treatment start and treatment end =

Percentage of collection for particular category for specific question at treatment start **MINUS** percentage of collection for particular category for specific at treatment end.

Notes:

- apply *Generic Filters* (see pages 8 to 9)
- the scale for question 16 attributes the most positive lifestyle and wellbeing at rating '0':
    - 1 - not at all
    - 2 - less than weekly
    - 3 - once or twice a week
    - 4 - three or four times a week
    - 5 - daily or almost daily
- for outcome calculations:
    - positive or negative number indicates improvement or deterioration in lifestyle and wellbeing at treatment end dependent on the category.

Average recovery rating 'How close are you to where do you want to be?'

Relevant questions: Section 3 – Question 19

Collection point calculation:

Numerator	Denominator
Aggregated sum of tāngata whai ora ratings of their perception of how close to where they want to be in recovery.	Number of collections with a valid answer to question 19.

Outcome calculation:

Average change in rating of how close tāngata whai ora see themselves as being to where they want to be in their recovery at time of treatment start and treatment end =

Average rating of how close tāngata whai ora see themselves as being to where they want to be in their recovery at time of treatment end **MINUS** Average rating of how close tāngata whai ora see themselves as being to where they want to be in their recovery at time of treatment start.

Notes:

- apply *Generic Filters* (see pages 8 to 9)

- the scale for question 19 attributes the closest a tangata whai ora is to where they want to be, in their recovery, at scale 10 and 1 the at the least closest

- for outcome calculations:

    - positive number indicates movement towards where tāngata whai ora want to be in recovery at treatment end

    - negative number indicates movement away from where tāngata whai ora want to be in recovery at treatment end.

Average recovery goal progress satisfaction rating

Relevant questions: Section 3 – Question 20

Collection point calculation:

Numerator	Denominator
Aggregated sum of tāngata whai ora satisfaction in achieving recovery goals at collection point.	Number of ADOM collections with a valid answer at the relevant collection point.

Outcome calculation:

Average change in a tāngata whai ora satisfaction in achieving recovery goals between treatment start and treatment end =

Average satisfaction at treatment end **MINUS** Average satisfaction at treatment start.

Notes:

- apply *Generic Filters* (see pages 8 to 9)
- the scale for question 20 attributes the most satisfied rating at 10, and least satisfied at 1
- For outcome calculations:
  - positive number indicates positive goal progress at treatment end
  - negative number indicates negative goal progress at treatment end.

Episodes of care with an ADOM completed

The following completion measures are recommended for organisations who want to monitor the completion of the ADOM measure for service planning purposes. It should be noted that these reports are not designed to be used as performance management tools, completion rates are not a key performance indicator, nor are these reports aimed at informing funding decisions. The following completion measure recommendations are intended to support the sector to improve service delivery.

Filters to calculate number of episode of care

Variable or *rule*	Inclusion and exclusion rules	Reason for filter
Team setting	Exclude team setting R – residential facility based.	ADOM is currently mandated for use in non-residential settings only.
Team type	Only use: • 03 - Alcohol and Drug Team • 11 - Co-existing problems.	ADOM is only mandated in alcohol and other drug services.
Team code	Exclude teams which are not mandated services as indicated on the eligible MOH reporting services list.	Some teams do not fit the criteria to need an ADOM collection. These teams are not necessarily picked up from the other filters being applied and need to be excluded.
Service user age	Only tāngata whai ora aged 18 and over.	ADOM is currently mandated for tāngata whai ora over 18 years of age.
Activity setting	Exclude: • WR - written • PH - phone • SM - text • OM - other media.	ADOM best practice is for the measure to be completed in a face to face situation with tāngata whai ora.
Activity type	Exclude: • T08 - care/liaison coordination contacts • T32 - contact with family/whanau, consumer not present • T35 - did not attend • T46 - triage and/or screening • T47 - support for family/whanau. • T49 - support for children of parents with mental illness and addictions (COPMIA).	While it is possible an ADOM could be done at triage and/or screening the intention is an ADOM be completed with the tāngata whai ora after a more comprehensive assessment.
Activity unit type	**Include contacts**	Count only contacts, as bed nights are for residential services only.
Episode of care	Join referrals together to make an episode of care. If they overlap or have 14 days or less between referral end and start.	This is to allow for transfers between teams.

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Number of new episodes of care into mandated service

Calculation:

The number of people referred with first in scope activity in the reporting period having an ADOM start collection.

Percentage of new episodes of care with ADOM start collection

Calculation

Numerator	Denominator
The number of tāngata whai ora referred whom had a treatment start ADOM collection (RC13, RC14 and RC15) completed (with above episode of care filters applied).	The number of tāngata whai ora referred into service (with filters to calculate the number of episodes of care applied). Have first in scope activity in the period.

References

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Alcohol and Drug Outcome Measure (ADOM)

Client Name:.. NHI:.. DOB:...

Gender: ☐ *Male* ☐ *Female*　Ethnicity:...　Team:...

Referral Date:.. Referral Source:.. ☐ *Mandated* ☐ *Voluntary*

Reason for collection:	Treatment Start: ☐ *New*　　☐ *Other AOD Service*　　☐ *Assessment only* (up to 2 contacts)
	Treatment review: ☐ *6 weeks*　☐ *12 weeks*
	Treatment End: ☐ *Routine*　☐ *DNA*　　☐ *Other AOD Service*　　☐ *Other*

Date of Collection:.................................... Collected by:... **Number of days covered:** .... *(7-28)*

Focus of care: ☐ *Engagement/Assessment*　☐ *Active Treatment*　☐ *Continuing care*　CEP: ☐ *Yes*　☐ *No*

Section 1:　Alcohol and other drug use

In the past four weeks how many days did you use/drink:	Days used 0-28	Notes	Main substance of concern
1. Alcohol			
2. How many standard drinks did you consume on a typical drinking day?		Refer to ALAC conversion chart (over page)	
3. Cannabis			
4. Amphetamine-type Stimulants		e.g. Methamphetamine, speed, Ritalin	
5. Opioids		e.g. poppies, poppy seed, morphine, Nurofen plus, codeine	
6. Sedatives/Tranquilisers		e.g. Diazepam (Valium), Temazepam, Benzos	
7. Any other drugs? Specify what drugs (maximum of 3 'other drugs')		e.g. Ecstacy, hallucinogens, solvents, GHB, party pills etc	
1.		If 'other drugs' contains substances covered in the above questions please return to the appropriate question and recode	
2.			
3.			
8. How many cigarettes have you smoked **per day**, on **average**?		50gm tobacco = 100 cigarettes	
9. Main substance of concern. For Questions 1 to 8 above, please identify up to three main substances of concern by writing a 1, 2 or 3 in the right hand column to identify priority.			
10. On how many days have you injected drugs?		If none, enter 0 and go to question 12.	
11. Have you shared any injecting equipment?　☐ Yes　☐ No		See over to clarify 'shared'.	

Section 2:　Lifestyle and wellbeing

In the past four weeks :	Not at all	Less than weekly	Once or twice a week	Three or four times a week	Daily or almost daily
12. How often has your general physical health caused problems in your daily life?					
13. How often has your general mental health caused problems in your daily life?					
14. How often has your alcohol or drug use led to problems or arguments with friends or family members?					
15. How often has your alcohol or drug use caused problems with your work or other activities in any of the following: social, recreational, looking after children or other family members, study or other personal activities?					
16. How often have you engaged in any of the following: paid work, voluntary work, study, looking after children or other caregiving activities?					
17. Have you had difficulties with housing or finding somewhere stable to live?					
18. How often have you been involved in any criminal or illegal activity such as driving a motor vehicle under the influence of alcohol or drugs, assault, shoplifting, supplying an illicit substance to another person? (do not include using illegal drugs)					

Section 3:　Recovery

19. Overall, how close are you to where you want to be in your recovery? Tick the number that best fits where you are now. (10 is the best possible)

☐ 1　　☐ 2　　☐ 3　　☐ 4　　☐ 5　　☐ 6　　☐ 7　　☐ 8　　☐ 9　　☐ 10

20. How satisfied are you with your progress towards achieving your recovery goals?

☐ *Not at all*　　☐ *Slightly*　　☐ *Moderately*　　☐ *Considerably*　　☐ *Extremely*

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