Evaluation of the Service Information Management System (SIMS)

Results and Feedback

2016

Contents

Acknowledgments

The development of SIMS would not be possible without the contribution of the people who use the system. We would like to express our gratitude to all the people who took the time to provide a response to this evaluation. We recognize the value of their responses and hope that the results and recommendations within this report are reflective of the responses.

Mental Health Commission, September 2016

For further information please contact the Helpdesk at Helpdesk.SIMS2@mhc.wa.gov.au

Executive Summary

Background

The current version of the Service Information Management System (SIMS) was first introduced in 2009 and is used by Western Australian alcohol and other drug services as a client management system and to also meet national and contract reporting requirements.

All service providers that use SIMS were invited to participate in an online evaluation with the intention of assisting the Mental Health Commission (MHC) in determining:

1) end user satisfaction with SIMS

2) what future needs the drug and alcohol sector in Western Australia may have.

The aim of this report is to summarise the results and provide MHC Corporate Executive recommendations to assist with informing the future planning and stakeholder engagement strategy for SIMS system development.

Results

From the 18 organisations utilising SIMS, responses were received from 14 (78.0%) organisations[1]. Of the 96 responses received, 58.3% reported being from Integrated Services[2] and 36.5% from only Non-Government Organisations (NGO) [3] with 5.2% of responses not indicating an organisation. The majority of respondents identified themselves as Management (36.5%) followed by Administration (33.3%) and Clinician (24.0%). This is considered to be a good representation of SIMS users.

Overall approximately two thirds (66.7%) of respondents are satisfied with SIMS and the development of the system and three quarters (76.0%) feel it meets their needs for client management and contract reporting.

The variation in reported satisfaction with the system between respondents from Integrated Services and only NGOs is minimal; however, only NGOs are more likely to report being dissatisfied. When comparing responses by job role, Clinicians and Administration staff were more likely to report being satisfied than Management with the system.

Results indicate that

- Despite ongoing training and education there is a lack of awareness about the capabilities of SIMS with many functionality type comments categorised as training or education issues.

- While the system may be generally accepted by the people who are responsible for data entry, it may not be meeting the strategic needs of the agencies.

Recommendations

Based on results consideration needs to be given to the following recommendations:

Short term (up to 2 years)

- Seek input from agency management about what reporting requirements they have and determine feasibility of development of this additional reporting

- Focus on education, training and communication to provide agencies a better understanding of SIMS capabilities which in turn will assist agencies to better determine what long term strategy they may prefer to undertake

- Examine options for providing agencies the ability to manage certain system and data administration. This will enable agencies to better determine what long term strategy they may prefer to undertake.

Long Term (2-5 years)

- Consideration should be given to transitioning the system to the agencies. Underlying this will still be a need for data to be provided back to the MHC for contract acquittal and national reporting requirements. This recommendation will enable agencies to either

    1. purchase a system that better meets their needs, or

    2. develop their instance of SIMS to better meet their needs, either through

        a. agency internal Information and Technology resources

        b. purchase of MHC Information and Technology resources

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[1] noting that the response rate may be higher as not all respondents entered their organisation details
[2] integrated services refers to a partnership between Next Step and Non-Government AOD service providers
[3] only Non-Government Organisations (NGO) refers to sites that are non-integrated services

Background

The Service Information Management System (SIMS) is used by Western Australian alcohol and other drug services as a client management system and also to meet national and contract reporting requirements.

Prior to SIMS, non-government organisations (NGOs) used PICASO which was a program designed to record data to comply with the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) reporting requirements. The program was installed at each service with data provided quarterly to the former Drug & Alcohol Office. PICASO was difficult to update, maintain and monitor because each instance was isolated. Next Step and the Integrated Services used Client Management Information System CMIS (which became SIMS1) to record AODTS-NMDS data in addition to the management of appointments, dosing and pharmacy stock control.

A decision was made to re-develop SIMS with a single browser based application to support Alcohol and Other Drug (AOD) services in Western Australia and have the single SIMS application. The roll-out of the current version of SIMS began in late 2009 and was completed in 2011. This version enabled AOD treatment services to have an individual web-based instance of SIMS created for them. By utilising individual instances the data for AODTS-NMDS and contract acquittal reporting requirements could continue to be collected and managed but still enable services to decide what level of detail they record in SIMS.

On 29 April 2016 all service providers that use SIMS were invited to participate in an online survey, hosted on Survey Monkey, and distributed to representatives across different job roles ranging from administration, management, clinicians and any other staff. The intention of the evaluation was to assist the Mental Health Commission (MHC) in determining:

1) end user satisfaction with SIMS

2) what future needs the drug and alcohol sector in Western Australia may have.

This report provides a summary of the results from the evaluation and the comments provided by respondents. These results will be the basis for future planning and stakeholder engagement regarding SIMS and ultimately inform the strategy of system improvement and development to be considered by the MHC.

Results

From the 18 organisations utilising SIMS, responses were received from 14 (78.0%) organisations, noting that as not all respondents entered their organisation name the response rate may be slightly higher. As the evaluation was meant to gather responses from a range of users, multiple responses could be provided by each organisation. In total this resulted in 96 responses being received for the evaluation.

Of the 96 responses, 56 (58.3%) reported being from Integrated Services[4] and 35 (36.5%) from only Non-Government Organisations (NGO)[5] with 5.2% of responses received not indicating any organisation. The majority of respondents identified themselves as Management (36.5%) followed by Administration (33.3%) and Clinicians (24.0%). Management were more represented from the NGO services (51.4%) than the Integrated Services (28.6%), while Clinicians were more represented within the Integrated Services (30.4%). Further in-text commentary across job role will exclude Pharmacy (2.1%) and Other (3.1%) due to the low number of respondents from these groups however data will be included in tables for transparency. The one response that did not identify a job role will be excluded from commentary and data tables.

Table 1: Percentage and number of respondents by service descriptor

Service descriptor	Percent (%)
Integrated Services (n=56)	58.3
NGO only (n=35)	36.5
No response (n=5)	5.2
Total (n=96)	**100**

Table 2: Percentage of respondents by job role and service descriptor

	Service Descriptor (%)			
Job Role	Integrated Services (n=56)	NGO only (n=35)	No response (n=5)	Total (n=96)
Management (n=35)	28.6	51.4	20.0	**36.5**
Administration (n=32)	33.9	31.4	40.0	**33.3**
Clinician (n=23)	30.4	11.4	40.0	**24.0**
Other (n=3)	3.6	2.9	0	**3.1**
Pharmacy (n=2)	1.8	2.9	0	**2.1**
No response (n=1)	1.8	0	0	**1.0**

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[4] Integrated Services refers to a partnership between Next Step and Non-Government Organisation service providers
[5] refers to sites that are non-integrated services

Overall

When asked their overall satisfaction with SIMS, the majority (66.7%) of the respondents were satisfied, with this being similar across both Integrated Services and NGOs. Only 15.6% of respondents reported an overall dissatisfaction; with NGOs (20.0%) more dissatisfied than Integrated Services (12.5%).

Table 3: Overall satisfaction with SIMS by service descriptor (%)

Satisfaction	Service Descriptor (%)			
	Integrated Services (n=56)	NGO only (n=35)	No response (n=5)	Total (n=96)
Extremely satisfied	12.5	20.0	40.0	**16.7**
Moderately satisfied	53.6	48.6	20.0	**50.0**
Neutral	16.1	11.4	0	**13.5**
Moderately dissatisfied	12.5	17.1	20.0	**14.6**
Extremely dissatisfied	0	2.9	0	**1.0**
Not sure	1.8	0	0	**1.0**
No response	3.6	0	20.0	**3.1**

Management were less satisfied (54.3%) than either Administration (78.1%) or Clinicians (73.9%). This result was similar across job roles for both Integrated Services and NGOs.

Table 4: Overall satisfaction with SIMS by job role (%)

Satisfaction	Job Role (%)				
	Management (n=35)	Administration (n=32)	Clinician (n=23)	Other (n=3)	Pharmacy (n=2)
Extremely satisfied	8.6	28.1	13.0	33.3	0
Moderately satisfied	45.7	50.0	60.9	33.3	50.0
Neutral	14.3	12.5	8.7	33.3	0
Moderately dissatisfied	25.7	3.1	13.0	0	50.0
Extremely dissatisfied	2.9	0	0	0	0
Not sure	0	0	4.3	0	0
No response	2.9	6.3	0	0	0

The main purpose of SIMS is to provide the sector with a client management system which also meets the necessary contract reporting requirements. When asked if SIMS meets the needs of a client management system, just over 3 out of every 4 respondents (76.0%) felt SIMS always or mostly met their needs and 1 in 5 (20.8%) reported that it rarely or only sometimes met needs. There was little variation between respondents from Integrated Services and NGOs.

Table 5: How well SIMS meets the needs the service as a client management system by service descriptor (%)

Needs met	Service Descriptor (%)			
	Integrated Services (n=56)	NGO only (n=35)	No response (n=5)	Total (n=96)
Always	14.3	11.4	0	**12.5**
Mostly	62.5	65.7	60.0	**63.5**
Sometimes	12.5	14.3	0	**12.5**
Rarely	7.1	8.6	20.0	**8.3**
No response	3.6	0	20.0	**3.1**

There was some variation by job role in responses to SIMS meeting client management system and contract reporting needs with Management staff less likely to consider the system fully or mostly meeting needs (62.9%) when compared with Administration (84.4%) or Clinicians (91.3%).

Table 6: How well SIMS meets the needs of the service as a client management system by job role (%)

Needs met	Job Role (%)				
	Management (n=35)	Administration (n=32)	Clinician (n=23)	Other (n=3)	Pharmacy (n=2)
Always	0	25.0	13.0	33.3	0
Mostly	62.9	59.4	78.3	0	100
Sometimes	17.1	9.4	4.3	33.3	0
Rarely	17.1	0	4.3	33.3	0
No response	2.9	6.3	0	0	0

Overall, about 2 out of 3 respondents (66.7%) would recommend SIMS to another similar alcohol and drug or mental health service, with NGOs more likely to not recommend the system (37.1%) than Integrated Services (25.0%).

Table 7: Service recommend SIMS to another similar alcohol and drug or mental health service by service descriptor (%)

	Service Descriptor (%)			
	Integrated Services (n=56)	NGO only (n=35)	No response (n=5)	Total (n=96)
Recommend	69.6	62.9	60.0	**66.7**
Not recommend	25.0	37.1	20.0	**29.2**
No response	5.4	0	20.0	**4.2**

Just over half of Management respondents (51.4%) would recommend the system to another similar alcohol and drug or mental health service. In comparison both Administration (75.0%) and Clinician (87.0%) respondents are more likely to recommend the system to another similar alcohol and drug or mental health service.

Table 8: Service recommend SIMS to another similar alcohol and drug or mental health service by job role (%)

	Job Role (%)				
	Management (n=35)	Administration (n=32)	Clinician (n=23)	Other (n=3)	Pharmacy (n=2)
Recommend	51.4	75.0	87.0	33.3	50.0
Not recommend	45.7	15.6	13.0	66.7	50.0
No response	2.9	9.4	0	0	0

There was a relationship between needs being met and the respondent recommending SIMS to other similar alcohol and drug or mental health service with respondents who were more likely to report the system meeting needs also more likely to recommend SIMS.

Table 9: Service recommend SIMS to another similar alcohol and drug or mental health service by needs met (%)

	Needs Met (%)				
	Always	Mostly	Sometimes	Rarely	No response
Recommend	100	83.6	8.3	0	0
Not recommend	0	14.8	91.7	100	0
No response	0	1.6	0	0	100

System Development

Overall, almost 2 out of every 3 respondents (64.4%) felt satisfied with SIMS development during their involvement with the system while only 1 in 10 (10.4%) were dissatisfied. While there was little variation by service descriptor, Management (57.1%) were not as satisfied as Administration (65.6%) or Clinicians (73.9%) on the development of the SIMS system. However Management (20.0%) were only slightly higher in the dissatisfaction with system development when compared with Administration (18.8%) and Clinicians (13.0%).

Table 10: Overall satisfaction with SIMS development by service descriptor (%)

Satisfaction	Service Descriptor (%)			
	Integrated Services (n=56)	NGO only (n=35)	No response (n=5)	Total (n=96)
Extremely satisfied	17.9	11.4	20.0	**15.6**
Moderately satisfied	48.2	54.3	20.0	**49.0**
Neutral	16.1	17.1	0	**15.6**
Moderately dissatisfied	7.1	5.7	20.0	**7.3**
Extremely dissatisfied	3.6	2.9	0	**3.1**
Not sure	1.8	2.9	0	**2.1**
Not applicable	0	0	20.0	**1.0**
No response	5.4	5.7	20.0	**6.3**

Table 11: Overall satisfaction with SIMS development by job role (%)

Satisfaction	Job Role (%)				
	Management (n=35)	Administration (n=32)	Clinician (n=23)	Other (n=3)	Pharmacy (n=2)
Extremely satisfied	8.6	31.3	8.7	0	0
Moderately satisfied	48.6	34.4	65.2	100	0
Neutral	17.1	15.6	13.0	0	50.0
Moderately dissatisfied	5.7	3.1	13.0	0	50.0
Extremely dissatisfied	8.6	0	0	0	0
Not sure	2.9	3.1	0	0	0
Not applicable	2.9	0	0	0	0
No response	5.7	12.5	0	0	0

Those respondents dissatisfied with the system were asked to elaborate to assist with determining what issues may exist in the development work program. These 14 responses were classified into the following themes[6] (see Appendix A for description of themes and Appendix B for all responses):

- Data Entry (n=4)

  E.g. …*the structure of the system has limitations in terms of responding/recording the changing, flexible and evolving nature of programs and service delivery in a meaningful and/or user friendly way. The recording of family work is an example of this…*

- Reporting (n=4)

  E.g. …*The data does not help my service reflect accurate information about the progress/improvements of a client's treatment…*

- Functionality (n=3)

  E.g. …*the problem with client formulations disappearing and not saved has (apparently) been raised by case managers many times before. However, till now, we still have no clear understanding of why it is happening or if it would ever be fixed and have accepted the problem. This is highly inefficient as it forces the case managers to re-write client formulations and clinical reviews…*

- Other (n=4)

  E.g. …*Other than input into minor changes to documentation I feel standalone agencies have no or very little input into the development of the system…*

Two other themes of Communication and Training were determined as relevant for why respondents were dissatisfied with the system however these only had minimal representation (n=1 each).

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[6] Note: total may not add to number of responses as one response may have included content that was included across more than one theme.

System Functionality

Respondents were asked to provide comment on what their service would like to see changed to current functionality and what new functionality they would like to be added. The role of Management responded the highest to both changes needed to the current system (43.6%) and new functionality (43.9%).

Table 12: Request for change or new functionality to SIMS (%) by job role

Job Role	Change to current functionality (%)	New functionality (%)
	(n=55)	(n=41)
Management	43.6	43.9
Administration	25.5	22.0
Clinician	21.8	24.4
Other	3.6	4.9
Pharmacy	3.6	4.9
No response	1.8	0

The responses to system functionality were combined totalling 96 responses that were classified into the following themes[7] (see Appendix A for description of themes and Appendix B for all responses):

- Education (n=45)

    E.g. *…being able to extract current lists of registered clients. it's hard to get a list that gives you all active clients…*

    Note: the responses where system functionality currently exists for resolving the issue raised in the comment are categorised as Education. These are areas that may be resolved through improvements in documentation, training and/or communication.

- Functionality (n=29)

    E.g. *…I would like the delete function made available only to co coordinators and administration staff…*

- Reporting (n=13)

    E.g. *…Able to access reports and data more easily…*

- Data Entry (n=10)

    E.g. *…easier recording of family work (currently through the groups function)…*

- Other (n=37)

    E.g. *…A more adaptable system that allows agencies to add a more comprehensive client management system that can be managed by us…*

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[7] Note: total may not add to number of responses as one response may have included content that was included across more than one theme.

Support & Communication

Across all categories where support was offered, the highest rate of satisfaction was reported from NGO only service providers. Overall, almost 2 out of every 3 respondents (62.5%) felt satisfied with SIMS assistance provided through email/phone while no responses recorded dissatisfaction. Half the respondents (50.0%) were satisfied with the support from the logging of errors via SIMS issue tracker or the IT service desk. Respondents were more likely to be not satisfied with the training (11.5%) provided as support to the system.

Table 13: Satisfaction with SIMS support by service descriptor (%)

	Satisfaction						
	Satisfied	Neutral	Not Satisfied	Not sure	Not Used	N/A	No response
Training Offered (%)							
Integrated Services (n=56)	35.7	23.2	14.3	10.7	1.8	3.6	10.7
NGO only (n=35)	42.9	17.1	5.7	5.7	14.3	8.6	5.7
No response (n=5)	40.0	0	20.0	0	0	20.0	20.0
Total (n=96)	**38.5**	**19.8**	**11.5**	**8.3**	**6.3**	**6.3**	**9.4**
Assistance provided through email/phone (%)							
Integrated Services (n=56)	51.8	21.4	0	8.9	7.1	0	10.7
NGO only (n=35)	77.1	11.4	0	0	5.7	0	5.7
No response (n=5)	80.0	0	0	0	0	0	20.0
Total (n=96)	**62.5**	**16.7**	**0**	**5.2**	**6.3**	**0**	**9.4**
Help Documents (%)							
Integrated Services (n=56)	35.7	14.3	7.1	10.7	17.9	3.6	10.7
NGO only (n=35)	42.9	31.4	0	2.9	14.3	2.9	5.7
No response (n=5)	60.0	20.0	0	0	0	0	20.0
Total (n=96)	**39.6**	**20.8**	**4.2**	**7.3**	**15.6**	**3.1**	**9.4**
Logging of errors via issue tracker/IT Service desk (%)							
Integrated Services (n=56)	41.1	19.6	5.4	8.9	7.1	5.4	12.5
NGO only (n=35)	62.9	11.4	8.6	0	8.6	2.9	5.7
No response (n=5)	60.0	0	0	20.0	0	0	20.0
Total (n=96)	**50.0**	**15.6**	**6.3**	**6.3**	**7.3**	**4.2**	**10.4**
Presentations via Diversion Workshops (%)							
Integrated Services (n=56)	19.6	12.5	3.6	12.5	14.3	21.4	16.1
NGO only (n=35)	20.0	20.0	0	11.4	22.9	20.0	5.7
No response (n=5)	40.0	0	0	0	0	40.0	20.0
Total (n=96)	**20.8**	**14.6**	**2.1**	**11.5**	**16.7**	**21.9**	**12.5**
Contract Manager (%)							
Integrated Services (n=56)	32.1	17.9	0	16.1	10.7	8.9	14.3
NGO only (n=35)	37.1	14.3	0	14.3	20.0	8.6	5.7
No response (n=5)	20.0	0	0	20.0	0	40.0	20.0
Total (n=96)	**33.3**	**15.6**	**0**	**15.6**	**13.5**	**10.4**	**11.5**

Overall almost 1 out of every 3 respondents (31.3%) was extremely satisfied with the level of communication regarding SIMS. Over 2 in 5 (42.9%) respondents from NGO only services stated they were moderately satisfied. Overall 80% of all respondents from NGO only service providers were satisfied with communication. Only 5.2% of all respondents were dissatisfied with communication.

Table 14: Overall satisfaction with level of communication regarding SIMS by service descriptor (%)

	Service Descriptor (%)			
Satisfaction	Integrated Services (n=56)	NGO only (n=35)	No response (n=5)	Total (n=96)
Extremely satisfied	25.0	37.1	60.0	**31.3**
Moderately satisfied	17.9	42.9	0	**26.0**
Neutral	33.9	2.9	20.0	**21.9**
Moderately dissatisfied	3.6	5.7	0	**4.2**
Extremely dissatisfied	1.8	0	0	**1.0**
Not sure	3.6	5.7	0	**4.2**
Not applicable	3.6	0	0	**2.1**
No response	10.7	5.7	20.0	**9.4**

While there was little variation by job role with satisfaction across Management (68.6%) and Administration (62.5%), more Administration respondents (43.8%) were extremely satisfied with communication regarding SIMS. Clinician's overall satisfaction with communication was 34.8% which could be attributed to only Management and Administration staff being included in the SIMS distribution list.

Table 15: Overall satisfaction with level of communication regarding SIMS by job role (%)

	Job Role (%)				
Satisfaction	Management (n=35)	Administration (n=32)	Clinician (n=23)	Other (n=3)	Pharmacy (n=2)
Extremely satisfied	31.4	43.8	17.4	33.3	0
Moderately satisfied	37.1	18.8	17.4	33.3	0
Neutral	17.1	15.6	39.1	0	50.0
Moderately dissatisfied	5.7	0	0	33.3	50.0
Extremely dissatisfied	0	0	4.3	0	0
Not sure	2.9	3.1	8.7	0	0
Not applicable	0	3.1	4.3	0	0
No response	5.7	15.6	8.7	0	0

Respondents were asked to provide comment to assist with determining what other support and/or communication could be implemented or improved to make SIMS work better for their service. The 27 responses received were classified into the following themes[8] (see Appendix A for description of themes and Appendix B for all responses):

- Training (n=8)

    E.g. …*SIMS training provided at the workplace for counsellors and admin staff…*

- Communications (n=2)

    E.g. …*weekly tips and tricks email? i.e. "did you know that you can....."…*

- Documentation (n=1)

    E.g. …*Access to a user guide…*

Another theme of 'other' was determined based on comments to what other support and/or communication could be implemented or improved to make SIMS work better for their service (n=16). These comments were themed 'other' as they weren't related to the current SIMS application and more focused on issues outside the control of MHC or more general feedback on the system and support.

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[8]Note: total may not add to number of responses as one response may have included content that was included across more than one theme.

Reports

When asked satisfaction regarding the reports provided through SIMS, over half the respondents (56.2%) were satisfied, with NGOs satisfaction rating (62.9%) higher than Integrated Services (51.8%). Only 9.4% of respondents reported an overall dissatisfaction.

Table 16: Overall satisfaction with reports provided though SIMS by service descriptor (%)

Satisfaction	Service Descriptor (%)			
	Integrated Services (n=56)	NGO only (n=35)	No response (n=5)	Total (n=96)
Extremely satisfied	17.9	20.0	60.0	**20.8**
Moderately satisfied	33.9	42.9	0	**35.4**
Neutral	26.8	17.1	0	**21.9**
Moderately dissatisfied	5.4	8.6	0	**6.3**
Extremely dissatisfied	3.6	2.9	0	**3.1**
Not sure	0	0	20.0	**1.0**
No response	12.5	8.6	20.0	**11.5**

Across the roles of Management, Administration and Clinician respondents' satisfaction was very similar ranging from 52.1% to 59.4%. Dissatisfaction with reports available was highest from Management (14.3%).

Table 17: Overall satisfaction with reports provided through SIMS by job role (%)

Satisfaction	Job Role (%)				
	Management (n=35)	Administration (n=32)	Clinician (n=23)	Other (n=3)	Pharmacy (n=2)
Extremely satisfied	17.1	31.3	13.0	33.3	0
Moderately satisfied	40.0	28.1	39.1	0	50.0
Neutral	20.0	12.5	30.4	66.7	50.0
Moderately dissatisfied	5.7	9.4	4.3	0	0
Extremely dissatisfied	8.6	0	0	0	0
Not sure	0	0	4.3	0	0
No response	8.6	18.8	8.7	0	0

Those respondents dissatisfied with the reports were asked to provide comments to establish potential future needs of the system. These 11 responses were classified into the following themes[9] (see Appendix A for description of themes and Appendix B for all responses):

- Training (n=7)

    E.g.… *Too vague, difficult to understand and no clear interpretation of what things mean. You constantly need expert assistance…*

- Development (n=3)

    E.g.…*I think it has gaps in the data, like how many people with diagnosed mental health or physical health condition and their drug/drugs of choice…*

Another theme of 'other' was created based on the dissatisfaction comments (n=4). These comments were not related to the questions asked.

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[9]Note: total may not add to number of responses as one response may have included content that was included across more than one theme.

Additional Comments

Respondents were asked to provide any further comments they had about SIMS to end the survey. The 22 responses received were classified into the following themes (see Appendix A for description of themes and Appendix B for all responses):

- Training (n=3)

    E.g. …*I don't feel as though I know enough about it to make full use of all its functions. More training would be useful…*

- Communications (n=1)

    E.g. …*Our sector benefits from the fact that a significant amount of AOD data is recorded in one system. I'd like to see some discussion about producing regional and state-wide reports that provide an insight into our respective client groups (non-identifying) to facilitate service planning and development. Thank you for the opportunity to provide feedback…*

- Other (n=18)

    E.g. …*The reports that SIMS can generate are extremely valuable in providing snapshots of service summary and data for reporting. My only criticism is the Pre and Post evaluation tool which needs modifying to be able to better reflect client outcomes…*

Recommendations

The recommendations from this evaluation are broken into short term (up to 2 years) and long term (2–5 years). The short term recommendations are aimed at improving agency understanding of the system. The long term recommendations are aimed at extending on the short term recommendations around system control.

Short term (up to 2 years)

- Seek input from agency management about what reporting requirements they have and determine feasibility of development of this additional reporting.

   Results highlight that management are not as satisfied with the system suggesting it may not be meeting the strategic needs of the agencies. Developing reports may provide management with the necessary information to improve their satisfaction with the system.

- Focus on documentation, training and communication to provide agencies a better understanding of SIMS capabilities which in turn will assist agencies to better determine what long term strategy they may prefer to undertake.

   Analysis of the comments reveals that there is still a lack of understanding about the capabilities of the system. This highlights the need for improvements in the education processes through training, documentation and/or communications.

- Examine options for providing agencies the ability to manage certain system and data administration. This will enable agencies to better understand data collection and reporting requirements and determine what long term strategy they may prefer to undertake.

   Across the various comments there was an indication that agencies would like to have more control of the administration of their instance of the SIMS system especially in regard to data entry and reporting.

Long Term (2–5 years)

- Consideration should be given to transitioning the system to the agencies. Underlying this will still be a need for data to be provided back to the MHC for contract acquittal and national reporting requirements. This recommendation will enable agencies to either

   1. purchase a system that better meets their needs, or

   2. develop their instance of SIMS to better meet their needs which may be achieved either through

      a. agency internal Information and Technology resources

      b. purchase of MHC Information and Technology resources

   The system is generally accepted by people who are responsible for data entry however it may not be meeting the strategic needs of agency management. Across the various comments there was an indication that agencies would like to have more control of the administration of their instance of the SIMS system. Extension of the short term recommendation to examine options to enable more control would mean consideration of full control being provided.

Appendices

Appendix A – Theme descriptions

Communications
Communications from the MHC that could assist with SIMS users/agencies in understanding the system functionality and developments.

Data Entry
Data entry requirements of the system relating to either definitions or additional data elements.

Development
Description of broad system development that users/agencies would like to see or development that has occurred that may not have been effective.

Documentation
Improvements to the documentation provided to users/agencies to support the system.

Education
Education is where existing system functionality is already/could be in place to resolve the issue raised in the comment, (i.e. the issue could be resolved through education). It is likely that this will be related to improvements in training and communications.

Functionality
Identification of specific functionality to improve the system in meeting user/agency needs.

Reporting
Reporting relates to the system generated reports either where the reports need to be improved or developed to meet user/agency needs.

Training
Training describes either requests for training or improvement to training to enable user/agency to better understand the system capabilities.

Appendix B – Full text responses by question

Question 7 – During your involvement with SIMS, how satisfied have you been with the development of the system? If dissatisfied, please describe

Response	Category
SIMS can be very slow which is not ideal when you are under pressure and require important information.	Other
over the years SIMS doesn't always collect the data what we would like to collect .	Data Entry
The data does not help my service reflect accurate information about the progress/improvements of a client's treatment	Reporting
generating reports and statistics not easy enough	Reporting
- does not collect enough relevant data - in terms of CaLD/mental health/additional needs - difficult to use - reports are difficult/impossible to decipher without expert guidance - not outcomes based - system falls over on a regular basis - reasonably difficult to navigate and times out regularly - not useful in terms of agency planning/specific service planning - times out regularly	Data Entry; Reporting
It doesn't meet our needs in terms of relevant data. Difficult to use. Reports are difficult to decipher and not outcome based. System drops out regularly and therefore time consuming for staff. Does not collect enough relevant data in terms of MH, CaLD and additional information. Not useful in terms of agency planning. The SIMS data base does not currently allow us to add a full client management system.	Data Entry; Reporting
The central issue is lack of training for new employees.	Training
I have experienced making suggestions, or reporting issues in the past where I was told the function was working...when what I was reporting is - the function was not working.......so I just let it go. But, the function was still not working - and yes I sent a screen shot as requested. Just being honest - but I have been using SIMs for YEARS and YEARS and it still does my head in :(	Other
1) Currently, SIMS displays full dosing history from current & past Methadone & Buprenorphine prog. 2) Client with multi-dosing locations <de-identified>: if <de-identified> script is entered on SIMS by reception after the (identification removed) script (entered <de-identified>) then the <de-identified> script will over-ride whatever conditions in on the (identification removed) script, including starting date &/or dosage.	Functionality
The actual program itself is fine and easy to understand and navigate. Our current IT set-up for the SIMS program is very frustrating and apparently (according to SIMS) can't be fixed	Other
the structure of the system has limitations in terms of responding/recording the changing, flexible and evolving nature of programs and service delivery in a meaningful and/or user friendly way. The recording of family work is an example of this	Data Entry
occasion data needs to be secure i.e. only case managers can alter client information	Functionality
Overall, I think SIMS is a great system and works really well for our services. In regards to the development of the system, I think it could be beneficial to increase the input and communication with the clinicians that use the system on a daily basis e.g. the problem with client formulations disappearing and not saved has (apparently) been raised by case managers many times before. However, till now, we still have no clear understanding of why it is happening or if it would ever be fixed and have accepted the problem. This is highly inefficient as it forces the case managers to re-write client formulations and clinical reviews. Also, a number of pharmacy staff have many suggestions, however, due to IT/SIMS staffing constraints, these suggestions have never been revisited. If possible, a dialogue or meeting to explore some of these suggestions would be helpful.	Communications; Functionality
Other than input into minor changes to documentation I feel stand-alone agencies have no or very little input into the development of the system.	Other

Question 8 – What changes (if any) would your service like to see made to the current system functionality?

Response	Category
Not being an integrated service our needs are a bit different, also being in the regional areas adds to the complexity of our needs. We would benefit from being able to have a text messaging feature attached to the SIMS diary.	Functionality
I've never used another data or similar system so I don't have anything to compare it to. I'm not hugely computer literate so user-friendliness is important for me.	Other
Merger of Appointments, Roster and Reservations into one calendar. Drug Use data entry point identical to forms (or vice versa). For instance, 'previous treatment' is before 'frequency of use' on the Registration forms, but when entering that data into SIMS, they are the other way around. Drop down menu for 'Method of Use' to default to the most logical option. Methamphetamine defaults to 'Inject' (as does Ecstasy, Cocaine etc.). Entry errors often from this - as most users of those substances are Non IVDU. The ability to add/delete appointments from the calendar without time restrictions (i.e. ability to create/modify/delete appointments within 24 hours of them occurring). Update of Validation Report to remove outdated errors (such as 12 , which is generated when clients have two, legitimate, open programs - e.g. Family and Individual Counselling).	Functionality; Reporting; Education
Able to access reports and data more easily.	Reporting; Education
Develop the flexibility of reporting. Further develop functionality for stand-alone agencies. Further develop the ability to include all funding source requirement. Introduce the ability to set targets and track KPI (For Funding Bodies and Individuals (Staff)	Reporting; Education
An improved system for recording family work	Data entry
1. Under Pharmacy, dispense wizard, there is prompt whenever there is a change in the client's methadone or buprenorphine dose. This is a great function; however this prompt takes into account all the client's previous doses even if it was many months or years ago. Thus there is always a visible prompt for nearly every client - rendering the prompt irrelevant. 2. Prescriptions are overridden immediately instead of by date. Thus we cannot dispense for a client dosing at <de-identified> pharmacy if a newer prescription has been entered into the system e.g. if the client is to start at a community pharmacy the next day, but the script has already been entered into SIMS, pharmacy cannot dispense from the old script at <de-identified>. 3. Suggestions to improve the printed version of client ID: a). Amend title from SIMS to (<de-identified>. Outside <de-identified> Integrated Services, a community pharmacy or another organisation would not know what is SIMS. It may be more appropriate to rename to "<de-identified> Client ID". b). Would it be beneficial to include identification marks? Corrective Services has identification marks e.g. tattoos on their ID print out.	Functionality
Would like occasions linked to the SIMS calendar available for all clinicians to have to respond to their client outcomes and it all be directly linked into Sims. No paperwork of occasions. No double handling. Both occasions for registered clients and pending clients to be able to be recorded and able to be viewed by all people given the permissions in the agency.	Education
as above	Other
more detail to the MH comorbidity section, type of info collected and the reports for accessing	Data entry; Education; Reporting
Enable the staff diary function for non-integrated services. That is, booking appointments, creating reservations and rosters. This would allow staff to better track appointments and make it easier for client's to check on future appointments. It would also be beneficial in capturing service occasions i.e. by being able to record cancelled and unattended occasions better through the calendar function. SIMs is a great program, and I think being able to use the 'staff' section would help staff use the program much more efficient way, thus, better capture data that accurately reflects the output at the service.	Education
Easier reporting	Reporting

SIMS is wonderful when connected to the integrated service. It is very efficient. It is not so efficient when used with just the NGO service. It takes far too long to get on and the biggest hurdle is not being able to put occasions into it. It means that clinicians have to go into the clients details and are more likely to not record it. You spend all day double dipping continually going into Outlook.	Education
Be able to delete more options if we make a mistake.	Functionality
not sure	Other
Evaluations are not particularly helpful. CALD to be captured more effectively. Reports to be easier to use and clearer in terms of what they provide.	Education; Reporting; Data Entry
Would like to see file location on front screen when searching for client	Functionality
better management of family support programs. Clarity around "no answer" questionnaires	Functionality; Education
The system is currently very good.	Other
easier recording of family work (currently through the groups function)	Data entry
Better IT set-up with services	Other
Would like to be able to add new staff members myself and maybe have some admin access to change easy things on the system (e.g. staff member name change, add new service specific program)	Functionality; Education
No recommended changes at this stage	Other
1) Should separate client dosing history according to its particular treatment program. 2) Should set a condition when entering a script on SIMS to specified only NS script correspond to SIMS Dispensary.	Functionality;
It would be helpful to have re-occurring dates for appointments - at a fortnight - as far as I can tell you can only choose weekly or monthly re-occurring appointments - i.e. appointments for line management or supervision can occur weekly or monthly in my calendar...I need the fortnightly option please. I find it annoying that I have to extend a reservation for a new entry that is running back to back - I want to come back to my calendar at a later date and just put in the separate entry for the same reservation (i.e. two CIS appointments running back to back) without editing the first reservation. Sometimes I have deleted a reservation from my calendar - and then later when I'm trying to log a different occasion it will say I cannot use that 'reserved space' (or some wording like that) for this appointment type......but there is no reservation there anymore because I deleted it. There seems to be a few glitches with SIMs to my experience. Sometimes if I try to change a reservation time, length etc. it will keep returning to the 'delete a reservation page' - but I need it to go to the bigger reservation page where I can choose all the options for that reservation - at this point I usually have to 'trick' SIMs by going three or four pages back or forward then come back to the original task.	Functionality
Notes added to clients on the w/list should be transferred and remain visible when the client is taken off the w/list and the occasion transferred into the client occasion.	Functionality; Education
documents section to be layered into subsections: scripts, hospital discharge summaries, GP correspondence.	Functionality; Education
SPELL CHECK ON ACTIVITY SUMMARY IE: FORMULATIONS. RECOVERY PLANS ETC. AND ABILITY TO EMBOLDEN AND UNDERLINE.	Other
A short version of the SIMS registration form for others drug use	Education
The whole issue of privacy agreements, permissions and the like when disengaged young people are mandated to services needs attention	Other
If client needs to be reviewed earlier than the new review date states, it is not possible to change this to an earlier date	Education
Addition of info on front page	Functionality
When I am in a non-integrated branch connected to SIMS by MYRA, I would like to be able to receive emails sent from a 3rd party to my <de-identified> address.	Other
Changes to address the above issues	Other
changes that would address the above issues	Other

I think the SIMS would be more appropriate if it was not so generic and tried to fit into the individualistic nature of the service i.e. residential - non -residential. As it is, the questions asked of clients can be irrelevant or can at times only reflect a negative outcome when in the correct context can be seen as a vast improvement.	Education; Data Entry
Outcome measures around consumer satisfaction need reviewing - which I understand is already happening.	Functionality; Education
being able to extract current lists of registered clients it's hard to get a list that gives you all active clients	Education; Reporting
It is very time consuming for us to have to create labels for each client. If SIMS automatically generated them so all we needed to do was press print, this would greatly help admin staff!	Education
unsure haven't thought about it	Other
Reliability with keeping the service up and running. Drop outs of the system constantly happen all day. Disrupts most parts of our business.	Other
None	Other
I would like the delete function made available only to coordinators and administration staff	Functionality; Education
It would be helpful if the Case Manager Client Review reports that list date of last contact had a variation/option that would list date of last direct contact by telephone - for regional services, phone contact is used quite a lot to maintain contact with remote clients If possible it would be helpful to allow service specific naming of some features (e.g., waitlist, recovery plan) for instance our services don't have a waitlist but we do use the waitlist feature to help us manage & record the intake process for residential services	Functionality; Education
Ability to send SMS's to clients other than SMS reminders (obviously a choice box to choose from so clinicians aren't sending just anything Changes to the group functions. It's far too limited. If you created a group from the beginning of treatment for a couple or family you can't capture initial assessment appointments. The Groups function doesn't allow you to delete occasion errors past a certain point and it has to be performed by IT. It's quite a tedious group function which is hard to use in the first place let alone to teach others how to use in a way which doesn't confuse them	Functionality
None that I can think of at this moment.	Other
A system that does not 'kick out' users periodically - a more efficient login system not using MyRA.	Other
We have had a number of periods where staff had difficulty accessing the database but we are unclear how many times that was a SIMs vs <de-identified>issue.	Other
could make it faster to use very slow system .	Other
Speed - for SIMS to operate faster.	Other
Free form text messaging Make booking groups an easier process	Functionality; Education
Ability to link to alternate systems i.e. Psolis	Education
Easier reporting options for individual outreach locations	Reporting; Education
Overall - reports	Reporting; Education
more specific and details required, more info would benefit us.	Other

Question 9 – What new functionality (if any) would your service like to see added to the system?

Response	Category
more options or functions	Other
Being able to delete one reservation series i.e. new client 10am Monday ongoing but not delete any other reservation. Reminder call tick box in apt booking screen which then created a pop up screen with list of clients needing reminding for that day.	Functionality; Education
SIMS to be permanently on staff computers.	Education; Other
none at the moment.	Other
A whole new group function under the activities tab	Data Entry; Education
A visual audit that records changes to the record/data item, e.g., updates, data validation corrections, occasion notes, so we could be confident that the record cannot be changed without a record of the change	Functionality; Reporting
? possibility of identifying significant others on daily appointments sheets	Reporting
None	Other
Ensuring that copies of client diversion reports could be scanned in to the system so if at different sights able to print up if needed without having to chase up the file.	Education
Labels please	Education
active client list (open episodes programs) with names etc. for easy access	Education
It would be good if a menu was developed and work shopped to the NGO's to create the optimum data collection questions /tools.	Education; Other
Report creating with easy graph statistics	Reporting
a more comprehensive/adaptable client management system - preferably self-managed	Other
A more adaptable system that allows agencies to add a more comprehensive client management system that can be managed by us.	Other
Electronic notes	Education
broader vocabulary, with English (not American) spelling and use of regular abbreviations and terminologies. E.g. IPWU is used frequently and is the official abbreviation for the inpatient withdrawal unit. Organise, not organize... Etc...	Other; Education
Drop down menu by URN simply tracking progress and status in a single menu	Data Entry
Another box for people in relationships that do not identify as de-facto, married or single There is no definition for those who are prescribed substances i.e. benzodiazepines, opiates as opposed to those misusing these substances BBV status needs exact dates which makes it difficult to register. Lost information	Education; Functionality; Data Entry
ABILITY TO SEND OWN TEXT MSG TO CLIENT ASWELL AS STANDARD ONE ABILITY TO ARRANGE REMINDER TEXT ONE WEEK BEFORE APPT ASWELL AS ONE DAY BEFORE. (CLIENTS ARE ASKING FOR THIS)	Functionality
As above	Other
The ability to delete a group occasion would be great. The ability to have a 'co-facilitator' for the group - so they can have the appointment in SIMs calendar too. The ability to search for groups of calendar entries at once would be fantastic! I wish SIMS could operate like Outlook - were we can search for groups of calendar entries. The ability to search past calendar entries - once the occasion is resolved from my calendar I can no longer track that client - if I have forgotten their name/URN- I have to run a report to find that client again. Perhaps 'ghost' past appointments can remain in our calendars even after they are resolved? or something like that??	Functionality; Education; Data Entry
see above	Other
None	Other
nil at this stage	Other
Better IT set-up. The way SIMS IT is currently set-up the system is -Time consuming to log into -Extremely slow once logged in -Can only get the 'one time password' sent to 1 phone number per site, would be better suited to be sent to the user that is logging in.	Other

1. NGO's have their own specific data collection and reporting requirements. For example, our agency is doing its own development work on outcome measurement - accordingly, we would value the opportunity to have fields to collect additional data and then the opportunity to produce reports on that data. Perhaps the SIMS Reference Group could engage with Managers on identifying a limited number of new data items? 2. Mental health data is recorded in SIMS. Given our focus on comorbidity, it would be very helpful to have reports that provide information on (a) validation - i.e. how much data is being collected / missing fields and (b) reports on drug use and mental health condition. 3. Extension of Demographic reports. Perhaps the MHC would consider running optional, more detailed demographic analysis of agency data, which would include some cross data analysis. Agencies often lack the internal expertise to do this. This would be very helpful in terms of better understanding our client group.	Functionality; Data Entry; Reporting
live reports, to enable checking as you go for data entering	Reporting; Education
we are unable to log names of GP etc. it would be helpful	Education
be able to delete more options id we make a mistake	Functionality
Being able to record occasions on the system	Education
applications to record complementary therapies easier access in terms of NGO access across sites	Functionality; Other
Include ability for electronic client file.	Education
a system that is moving towards paperless documentation to reduce the duplication of notes	Education
see above	Other
1. Ability to delete or amend entered prescriptions without the need to log a job. 2. Ability to retrospectively amend, add or delete previously entered methadone or buprenorphine dispensing. There have been 2 occasions in the last 3 weeks where either SIMS or the computer servers have not functioned and pharmacy could not retrospectively entered in dispensed doses on those days.	Functionality
Link the diary function to SIMS for non-integrated services. This would make a significant difference to the functionality of SIMS in non-integrated services.	Education
Create an online progress reporting system to reflect funding compliance. (Example: Report 601, 410) a reporting should be automatically populated with the ability to input written progress. and the ability to customize report for Individual agencies.	Education; Functionality
- Ability for user to modify records more freely - delete programs, episode, edit documents. - The 701 closing report generates a far higher number of counselling programs than medical, seemingly due to the automatically generated review date being different for medical vs counselling programs. If this is the case - could it be changed in some way, so as to include medical programs on the report.	Functionality
Easier reporting functions - I want to be able to see which staff have seen what clients and when. Easier reporting of activities might be useful too. being able to run a report to see how much of our time is spend in travel, or in certain regions or on certain activities.	Education; Functionality
see question 8	Other

Question 11 – How satisfied are you with the level of communication you receive from MHC regarding SIMS? If dissatisfied, please describe.

Response	Category
I wish to commend <de-identified> for his prompt respond to <de-identified> request for system and technical assistance. I am extremely satisfied with his service.	Other
No training on how to use SIMS	Training
never received communication... Only when there is a problem with SIMS, it will be confirmed in an email.	Communications
It seems service mangers get in a tizz with errors, SIMS management is generally helpful	Other
Don't really receive any training or communication, only when an update is happening	Communications
it is extremely difficult to gain access to SIMS for NGO partners in particular via laptops/remotely	Other
As explained previously, it seems there are certain SIMS errors/glitches that occur often, such as the disappearing client formulations that has never been explained or rectified. It is possible that staff have "accepted" these errors and have not reported them. I must stress that whenever a job is logged, it is responded to promptly and the help and support is very good.	Development; Training
MHC SIMS (<de-identified>) has been prompt in the past communication has been difficult and limited. Delays in responding to issues has been with the Health Department (IT) first response from the Health Dept. "is it is your agencies IT" and on many occasions it has been found not to be the case.	Other

Question 12 – What other support and/or communication could be implemented or improved to make SIMS work better for your service?

Response	Category
Access to a user guide	Documentation
more formalised training on all aspects of Sims. Although reception staff can help with this their workload makes it hard to free them up to train staff. Would be especially helpful to have training on all the reports available	Training
None right now.	Other
More staff available to provide SIMS support	Training
SIMS support staff are responsive & open to receiving feedback & suggestions/requests for changes; they are really helpful, & they communicate interruptions to service - great job!	Other
Keep the system up and running. The time is too short before the session closes.	Other
unsure	Other
Stated previously	Other
An opportunity to co-design a useful system	Other
an opportunity to co-design a useful system in terms of use-ability and data collected	Other
Our main issue presently is not being able to logon with our own access. To be able to login without contacting Help desk would streamline our service and ensure data entry is done promptly.	Other
Data entry by people who like data entry	Other
Could Steve or other come out once per year to answer team questions?	Training
IT COULD BE QUICKER BUT THIS MAY BE THE OLD PC SYSTEMS WE HAVE.	Other
weekly tips and tricks email? i.e. "did you know that you can....."	Communications; Training
Have a look at pharmacy's suggestions as forwarded by pharmacist	Other
SIMS training provided at the workplace for counsellors and admin staff	Training
Very good support currently being provided.	Other
development of new tools	Other
at times it is very slow and after a period of time it can cause pain in the hand maybe a faster service so less time on the computer	Other
regular training for new staff	Training
Clone <de-identified>	Other
less time entering information, less duplication	Training
Increase input or explanation to the "ground staff" that use SIMS on a daily basis.	Communications
It would be handy to have short videos to help show new employees how to do things such as entering patients, what different areas are used for and how to get the most out of the system. Some people don't read instructions properly which can create a mess to clean up, whereas most people would sit down and watch a short video on how to do things.	Training; Communications; Documentation
Our issues are with the limitations of the program.	Other
More thorough training in how to use the system and have it regularly revisited. If possible, training one or two people up in each region to be SIMS competent so that they can assist hands-on when help might otherwise be inaccessible due to distance or other factors.	Training

Question 13 – How satisfied are you with the reports provided through SIMS? If dissatisfied, please describe

Response	Category
Some reports particularly location specific are difficult to obtain quickly and easily as they need you to create pivot tables which is not always able to be done quickly. (i.e.: report we would be wanting is location by gender by principle drug of concern)	Development; Training
Difficult to find specific reports	Training
The questions do not do justice to our clients or the service provided. Client achievements are not captured -no qualitative evidence. Client feedback is squeezed into irrelevant questions for the context of that client's treatment. i.e. Has your confidence improved... Answer No (sounds negative) but if the person has continued to not take that problem drug when they were vulnerable that week then it may be very positive in the context of building resilience and commitment to an abstinence based program/treatment model.	Other
Too vague, difficult to understand and no clear interpretation of what things mean. You constantly need expert assistance	Training
I'm in SIMS twice (<de-identified>), no one has deleted one of me yet, plus I have been trying to pull Case Manager Case Load report on me, it doesn't work?! Is it because there's two of me in the system? I haven't had the time to follow up.	Training
Often need advice on how to navigate the reports for service specific data	Training
I think it has gaps in the data, like how many people with diagnosed mental health or physical health condition and their drug/drugs of choice.	Development
Some reports that are regularly used by pharmacy are superb e.g. report 830 - HDWA report	Other
Minimum flexibility resulting in a lot of manual extraction of data from various reports.	Training; Development
reading of reports is not that simple	Training
Some of the reports produced are	Other

Question 14 – Please provide any further comments you have about SIMS.

Response	Category
SIMS has come a long way since its release however as it is a system created by programmers with little data entry user input it shows through its limitations.	Other
Question 8	Other
Need a new system	Other
Is it not expensive to enter data from practitioners at $37 + per hour rather than data entry by persons who love it at a contracted rate?	Other
IT IS USER FRIENDLY AND EASY TO NAVIGATE AROUND	Other
I find SIMS to be very efficient	Other
Please make SIMs more user friendly. I wish it functioned more like Health Kit (sort of) and Outlook.	Other
Dispensary wise, old SIMS was better	Other
The reports that SIMS can generate are extremely valuable in providing snapshots of service summary and data for reporting. My only criticism is the Pre and Post evaluation tool which needs modifying to be able to better reflect client outcomes.	Other
I'm new to SIMS so it's been a learning curve. I often find the programs rationale not reflective of obvious choices IE Today I was inserting info on a Cannabis Info session. I though the program choice would be 'Info & Education' although the program design considers the correct option as 'counselling'. To my way of thinking, this does not reflect the session with the client. There are times where I feel the language & rationale is 'computer programmer speak' not clinician speak.	Training
Our sector benefits from the fact that a significant amount of AOD data is recorded in one system. I'd like to see some discussion about producing regional and state-wide reports that provide an insight into our respective client groups (non-identifying) to facilitate service planning and development. Thank you for the opportunity to provide feedback.	Communications
SIMS is but part of the need to overhaul the quality of data available. AS a management tool it is limited.	Other
In general a good system	Other
Not about SIMS per say, but worth mentioning that <de-identified> is very helpful and supportive.	Other
Please support services by putting occasion onto SIMS	Training
Thanks <de-identified> :-)	Other
Please contact myself if you require clarification on any of the comments.	Other
Sims is a system which collects information and allows us to provide report information, but it doesn't really provide a lot of information to an agency as it may require. Getting things changed in it to accommodate a service has been doable from DAO/MHC, but can be lengthy and not simple, which can be frustrating. The service needs a CMS which works for the service as well.	Other
The basis need to provide users with smooth connection to the system is not always possible. The system's ability to support unlimited users is not possible. We have been advised the log in via secure access key will no longer be available, once it expires the OTP will be the only option and we are currently experience problems with option. We would like the ability to have alterative log in options. Overall the limitations of the system can be constantly frustrating.	Other
The support staff have always been helpful	Other
I don't feel as though I know enough about it to make full use of all its functions. More training would be useful.	Training
We would like to make special mention to <de-identified> for all his patients and support while we transition into using the SIMS diary, his knowledge has been invaluable!	Other