

Making the most of Outcome Measurement

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Presentation Overview

- Victorian Mental Health Services
- OM Reporting Capabilities & Limitations
- Quality Through Outcomes (QTO-1) – ROMP
- Quality Through Outcomes (QTO-1) - QUATRO Clusters & QUATRO Bridging
- Victorian OM Program Management Circular
- Quality Through Outcomes (QTO-2) - QUATRO Vic & Web based reporting

Victorian Mental Health Services

1994

- Release of *Victoria's Mental Health Service: The Framework for Service Delivery* outlining the move from large institutional care settings into more community based care, with the creation of 21 area mental health services. Each area mental health service is responsible for the delivery of a full range of core mental health services.

1996

- Release of *Victoria's Mental Health Service: The Framework for Service delivery—Better Outcomes Through Area Mental Health Services*.
- Early Psychosis Prevention & Intervention Centre (EPPIC) program established
- Redevelopment of Acute and Psychiatric Information Directions (RAPID) project established to build a system to facilitate the health reforms

Victorian Mental Health Services cont.

1996 Victorian Outcome Measurement (OM) data trial of HoNOS, across continuum of care:

- Two rural - Geelong Mental Health Service & Ballarat
- Three metropolitan - Royal Melbourne Hospital, The Alfred Hospital & Central East/Preston and Northern Community Hospital
- 3,500+ ratings collected during the three-month trial
- Statistical analysis and exploration of the utility of HoNOS
- The results of this trial were encouraging however it was noted that Victoria did not have the Information System required for the routine collection of measures

1996 post OM trial:

- Victoria introduced an OM strategy
- Development of local OM Implementation Plans endorsed by the health service CEO, mental health service manager and DHS

Victorian Mental Health Services cont.

2000

- The RAPID database goes live in October

2003

- OM module in mental health data system finalised
- 80+ mental health professionals participated in User Acceptance Testing for the OM (Wellbeing) Reporting Tool and rolled out to the sector

2004

- OM training provided to Primary Mental Health Early Intervention Teams
- Version 2 of the Wellbeing Reporting Tool produced and rolled out

Victorian Mental Health Services cont.

Client Management Interface (CMI)

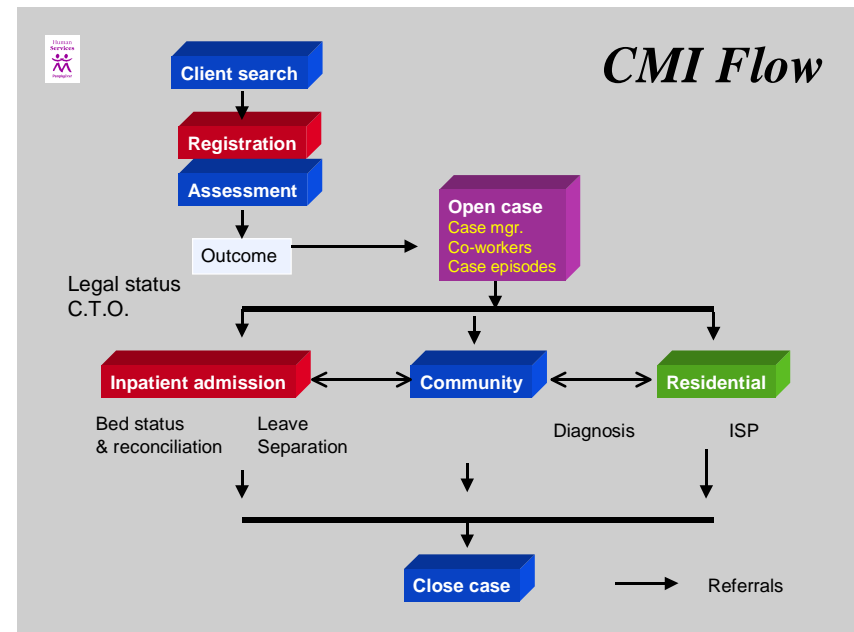
At **registration** consumers are assigned a unique **statewide UR number**

Once a consumer is registered the system allows the area mental health service to allocate that consumer's care delivery within their existing business structure (**subcentre/episodes**)

At the same time the system creates a unique identifier to allow these concurrent episodes to be linked together in an overarching **case**.

Once the **case** commences the client receives episodes of care at community, inpatient and or residential services.

Once a consumer is registered and the case is commenced then case managers can be appointed.



OM Reporting Capabilities & Limitations

DHS outsourced the development of the Wellbeing Reporting Tool in March 2004 which has:

- 7 'standard reports' including individual consumer and aggregate reports, consumer reports include:
 - Listing of OM assessments completed for the selected consumer
 - Snapshot of a consumer's health status
 - Comparison of a single measure over multiple time points (two or five time points)
 - Health status and change over time

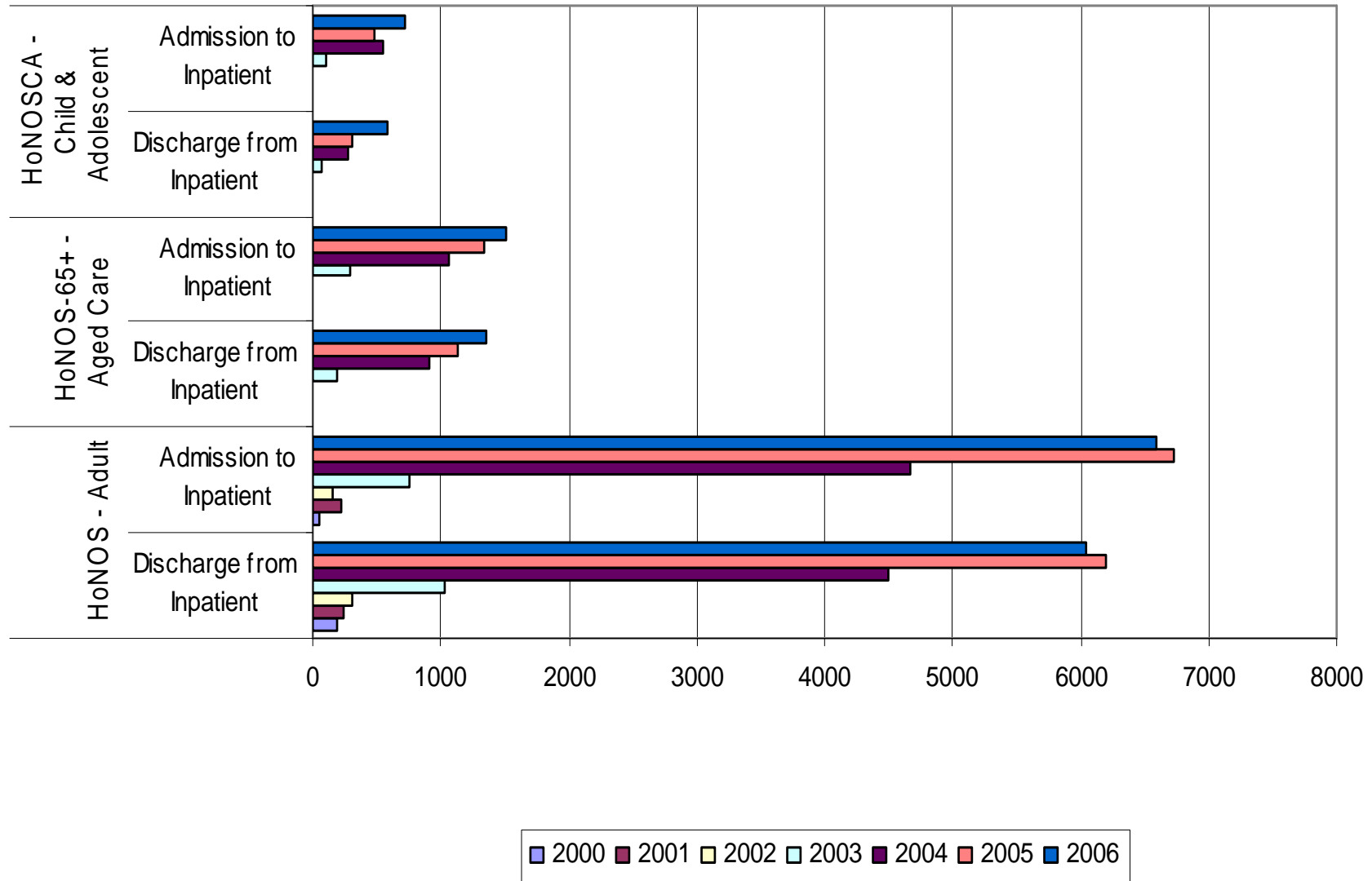
A small number of services are still using this reporting tool while others adopted the following alternatives:

- Royal Children Hospital – Mental Health Service reporting tool which is used by the majority of Victorian services
- Localised reporting solutions including St Vincent's and North Western Mental Health
- TCM (electronic documentation suite and associated reporting functions) adopted by Barwon Health

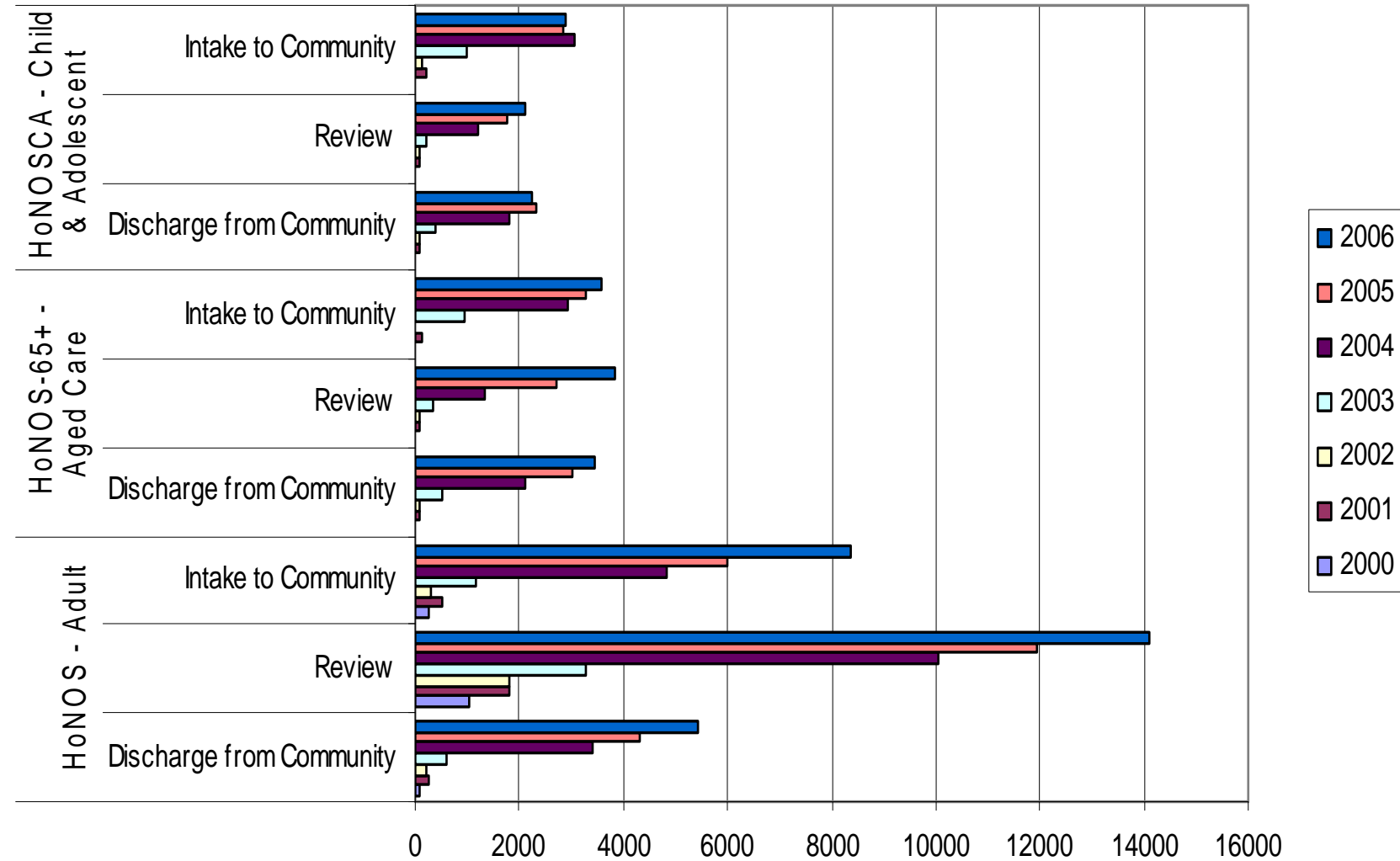
Quality Through Outcomes (QTO-1) – ROMP

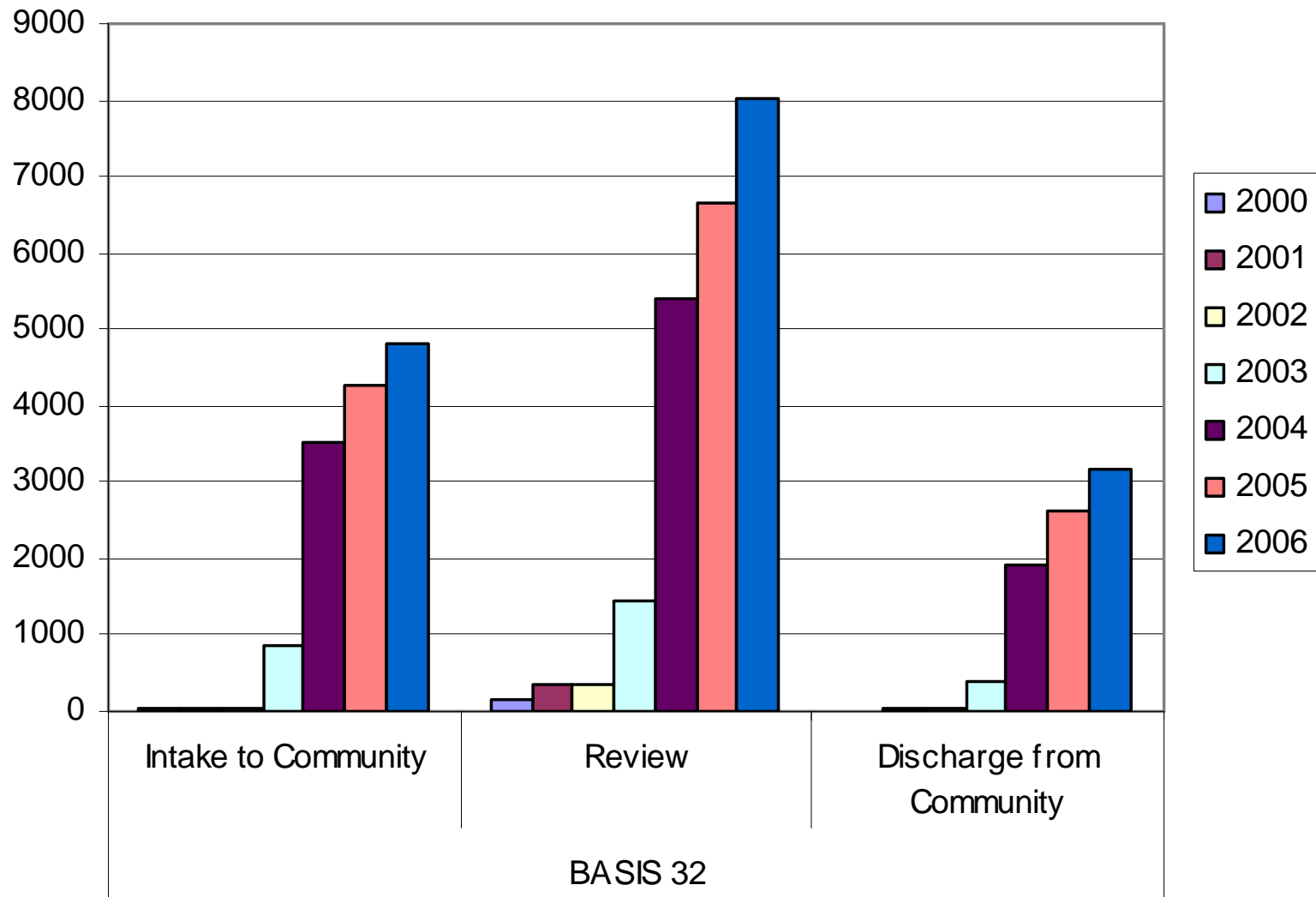
- ROMP has developed aggregate OM reports for each Victorian Area Mental Health Service by age grouping (CAMHS, Adult, Aged persons) and setting (Inpatient, Ambulatory and Community Residential). ROMP aims to:
 - Increase the utilisation of OM data in the clinical field;
 - Collaborate with the mental health sector to develop centralised aggregate reports;
 - Ensure centralised service level aggregate reports are available on an ongoing basis.
- Quarterly Key Performance Indicators (KPI) data provided to services including identified OM compliance data

Count of HoNOS Collected by year *Inpatient*

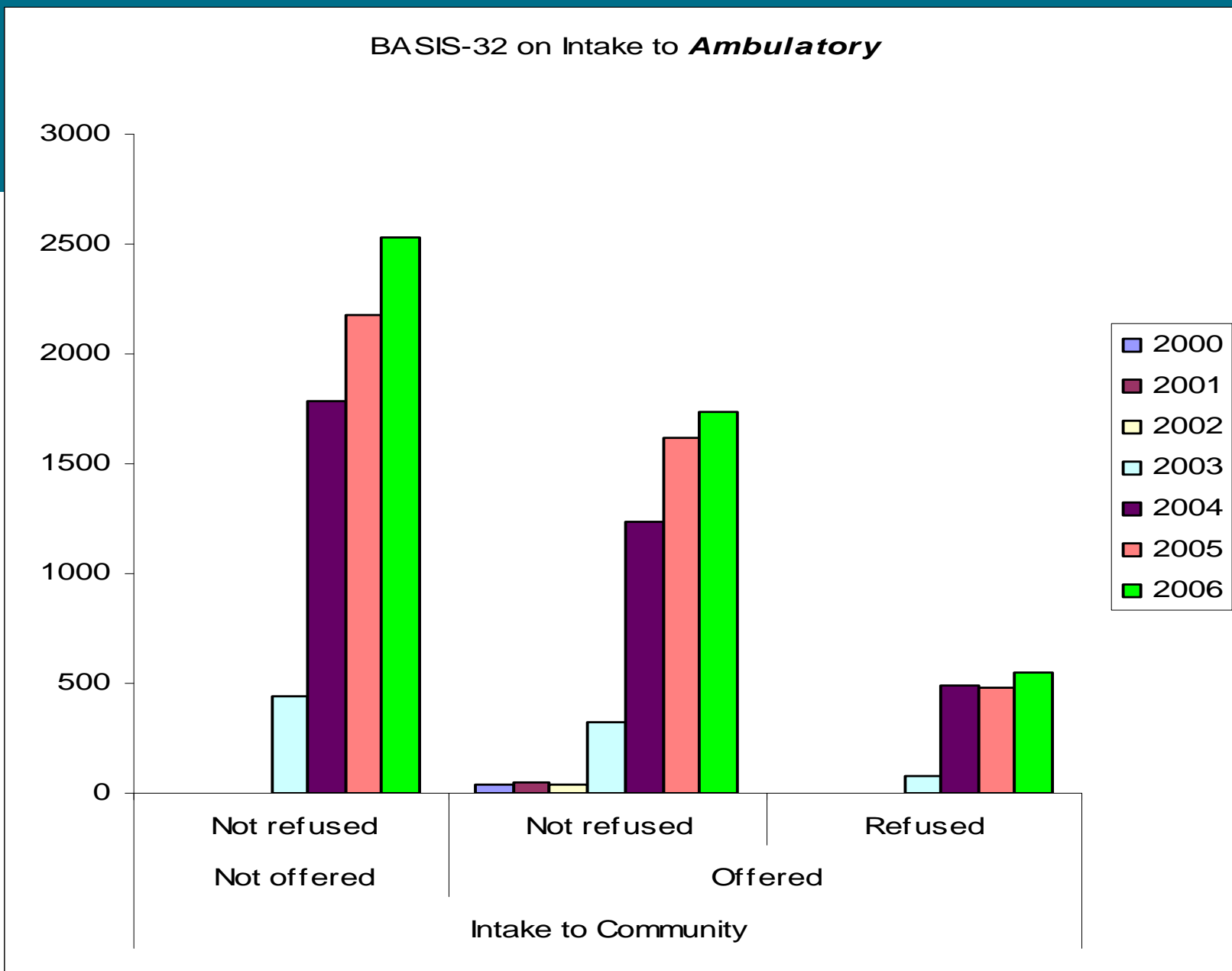


Count of HoNOS Collected by year *Ambulatory*

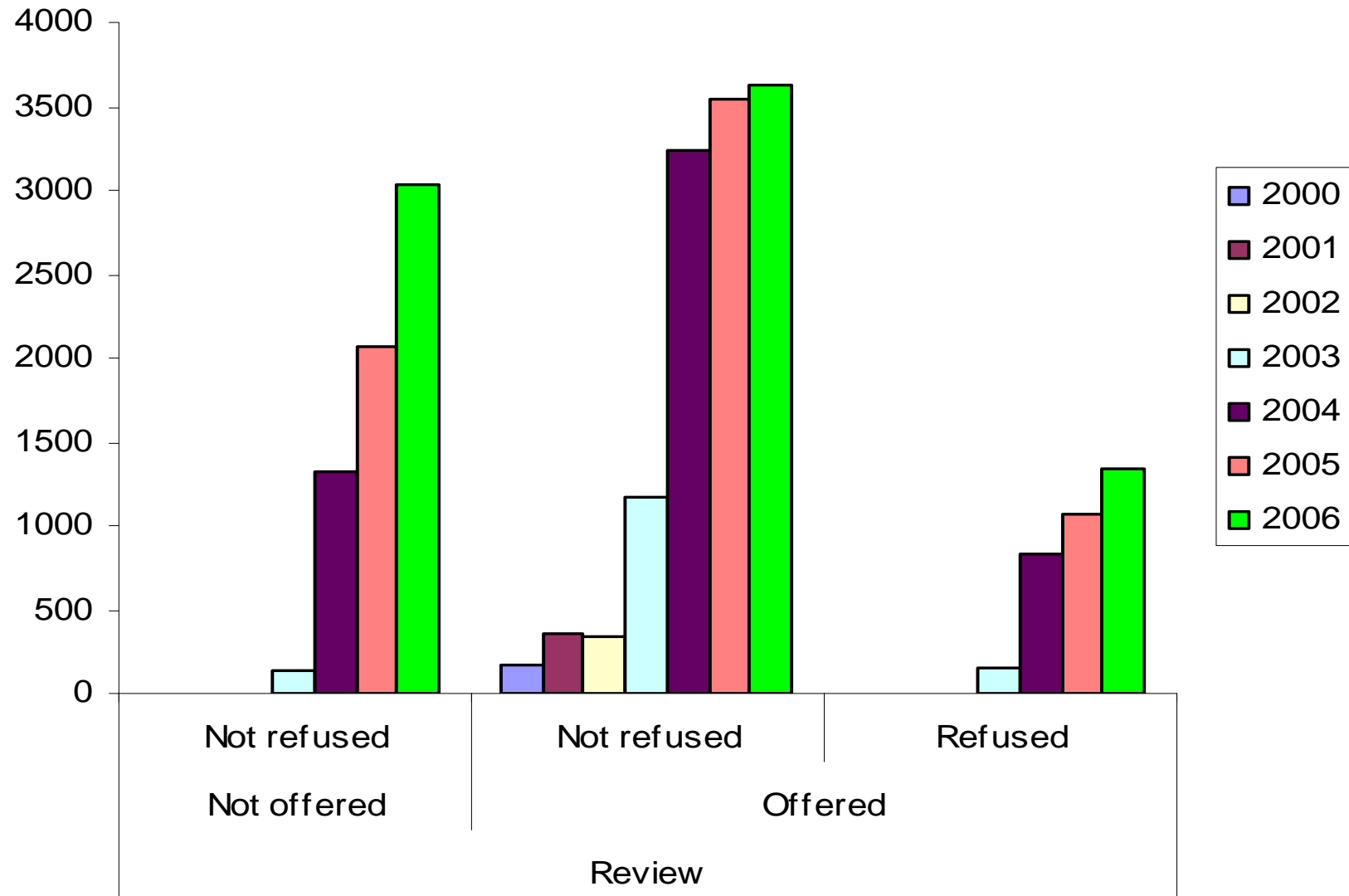


BASIS-32 collected by year *Ambulatory*

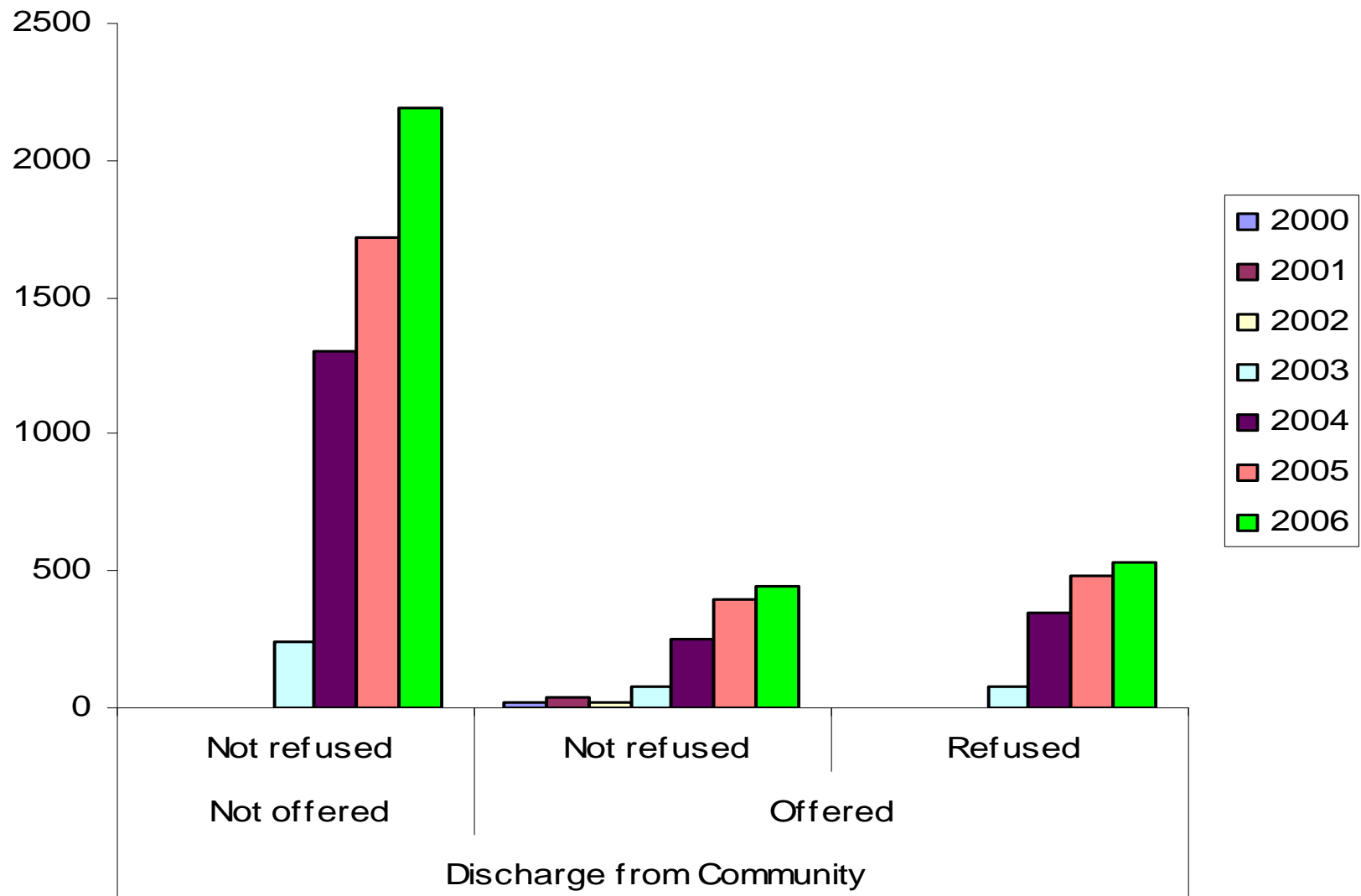
BASIS-32 on Intake to *Ambulatory*



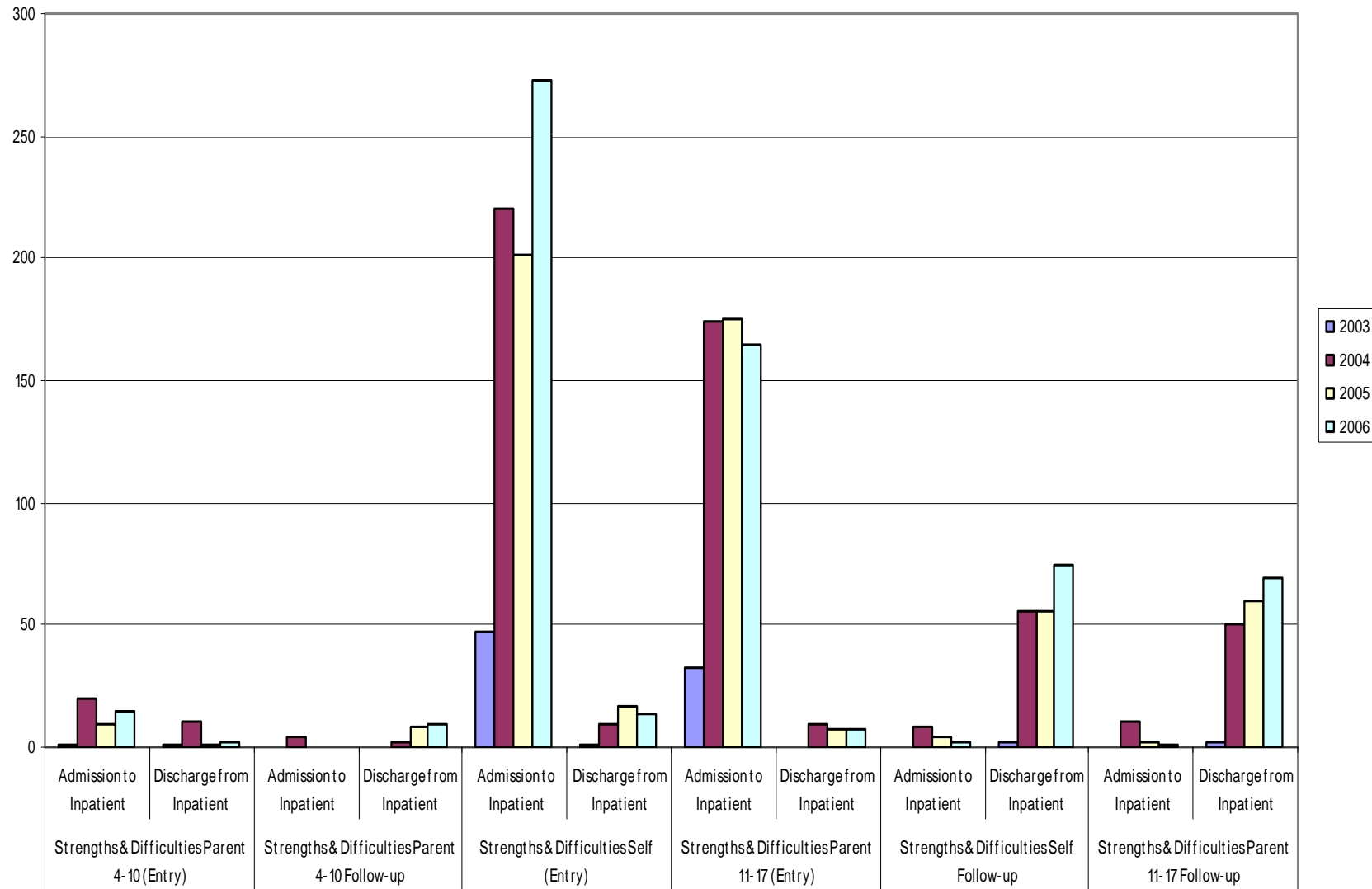
BASIS-32 on Review in *Ambulatory*



BASIS-32 on Discharge from *Ambulatory*



SDQ Collections by year *Inpatients*



Quality Through Outcomes (QTO-1) – QUATRO Clusters (2005 – 2007)

QUATRO Network established in 2005 (activities 2005 – 2006) with three geographical clusters - Southern, North East and Western

Common activities included:

- Scoping and mapping of service structures
- Identification of IT capacities and limitations with guidance to sector and feedback to DHS
- Initial work with agencies in interpretation and utilisation of aggregate ROMP reports
- Identification of data collection methods and guidance to sector

Quality Through Outcomes (QTO-1)

– QUATRO Clusters (2005 – 2007) ^{4/10/07}

cont.

In addition to a range of common activities clusters delivered specific activities in the following areas:

- Train-the-trainer training in both rater and clinical utility and supported services in reviewing training sustainability
- Building a learning culture in OM with a quality improvement focus through collaboration with clinicians, consumers and carers across Victoria
- Development of publications, promotional materials, training packages

January – June 2007

- QUATRO Bridging provided interim activities across Victoria and was delivered by St Vincent's Mental Health Service in collaboration with DHS

Victorian OM Program Management Circular

- Purpose of the circular threefold
- Four key messages
- Developed in collaboration with sector representatives
- Clarifies a number of issues related to the application of a nationally developed protocol in local clinical practice

General

- Consumer movement between setting
- Assessment-only and consultation and liaison psychiatry
- Clozapine-only consumers

Victorian specific

- Primary mental health and early intervention teams
- Prevention and Recovery Care
- Youth services
- Emerging service types/programs
- PDRSS

Quality Through Outcomes (QTO-2)

Establishment of statewide OM team:

- QUATRO Vic aims to maximise the utilisation of OM in clinical practice across all public mental health services in Victoria:
 - Team consist of 6 EFT
 - Team leader will be located in DHS
 - Staff will work primarily on a mobile or out-posted basis

Two data/reporting projects:

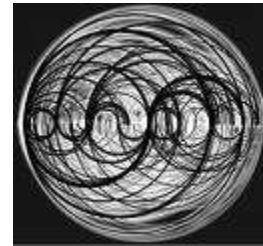
- Web-based OM reporting to build on work of ROMP
- Enhancement of centralised data reporting functionality

Utilising OM data and processes has broadened from the initial exploration for casemix towards collaborative practice involving clinicians, consumer and carer engagement.

Food for thought



concerning the **challenges** that ...
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Street sign **complexity**
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Determination
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www.mitzenmacher.net

Acknowledgements

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Mental Health Sector staff:

- QUATRO Cluster & QUATRO Bridging project workers and managers
- Past and present members of OM related committees including OM Protocol Working Group, ROMP Working Group and Quality Through Outcome Statewide Steering Committee
- OM advocates (known and hidden) in the state of Victoria

Further information:

www.health.vic.gov.au/mentalhealth/outcomes

www.health.vic.gov.au/mentalhealth/pmc/outcome-measurement.htm

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