

# Using outcome measures to inform everyday clinical practice

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# CNC role covers:

## Community

SHIPS 49 residential clients  
60 ambulatory clients

## Inpatient

Turon House – 16 bed female semi-secure unit  
Manara Clinic – 16 bed male semi-secure unit  
Moonya – 17 bed, 5 cottages, some long term  
rehab, some “step-down”

# **Three main MH-OAT documents guiding everyday clinical practice**

1. Care Plan (CP)
2. Clinical Review form (R2)
3. Consumer Recovery Plan (CoRe)

# Care Plan training

- Approximately one and a half hour sessions
  - Part of full day MHOAT training  
(measures have been covered earlier)
  - Care planning is a stand-alone session
  - Small group work is important

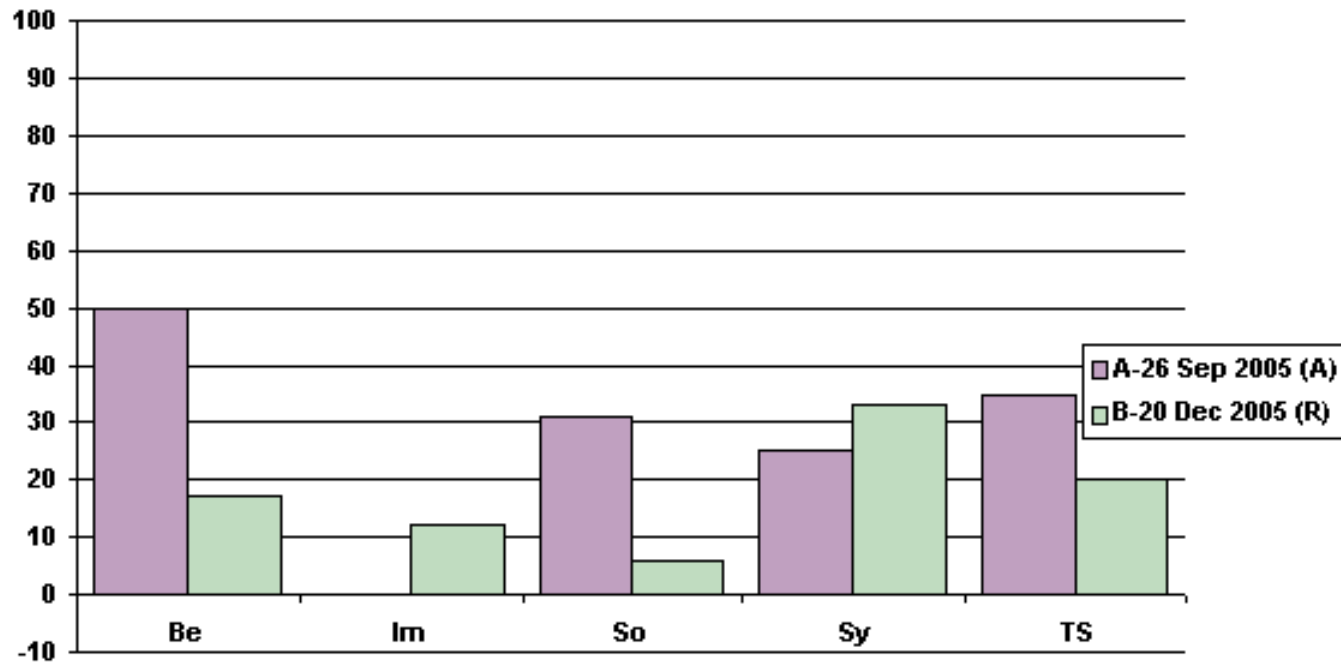
# Training session covers:

- Brief overview of Care Plan, Clinical Review form & Consumer Recovery Plan
- Discussion on how to interpret outcome measure scores & Sci MH-OAT graphs showing change, and how to build these measures into the Care Plan
- Small group practical exercise on the completion of the documentation
- Discussion of results

## Care Plan training - *continued*

- Use relevant case study plus graphs from admission and 1<sup>st</sup> major review
- Using graphs assists to recognise the “areas of need” – Report No.5 most useful
- Graphs can show change over time – what’s working & what’s not working

### HoNOS Summary Scores (scaled to 100)



#### HoNOS Summary Score Legend

Be - Behavioural problems

Sy - Symptomatic Problems

TS - Total Score

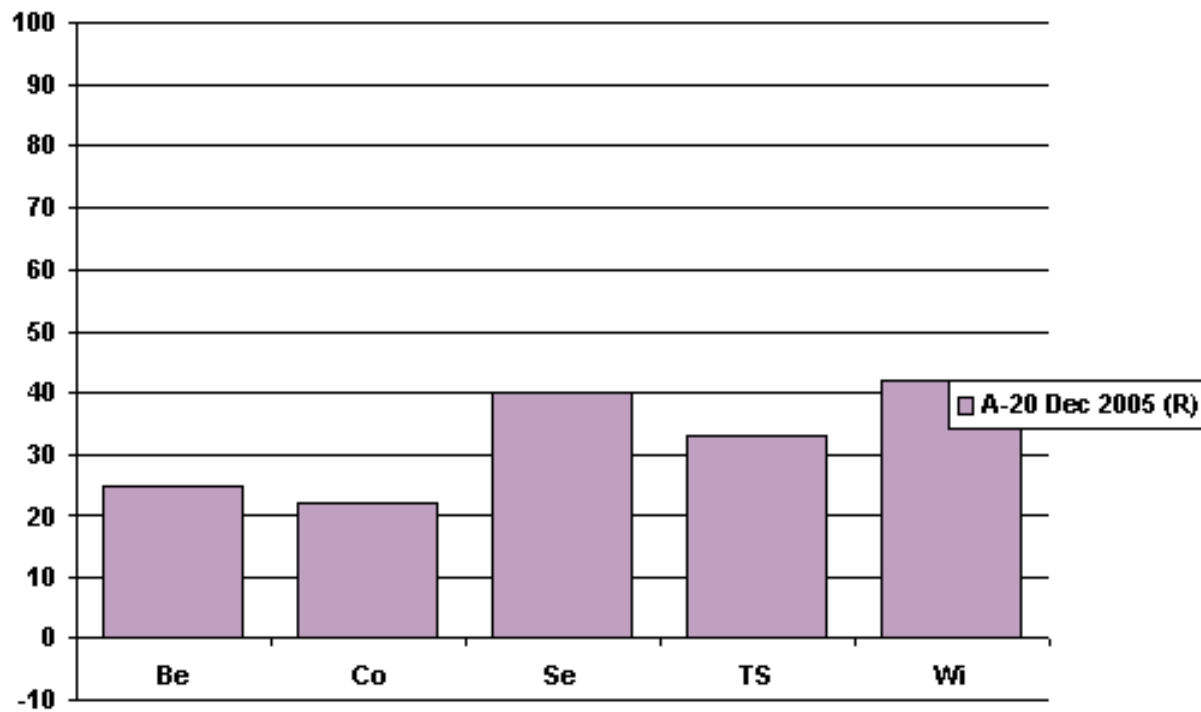
Im - Impairment

So - Social Problems

#### HoNOS Scores

Collection Date	Collection Occasion	Service Setting	HoNOS Items	Summary Scores				
				Be	Im	Sy	So	TS
26 Sep 2005	11 Admission - Resp	1 Inpatient psy	1 1 4 0 0 2 1 0 0 0 4 1	6	0	3	5	14
20 Dec 2005	21 Review - At stand	1 Inpatient psy	1 1 0 1 0 2 1 1 0 1 0 0	2	1	4	1	8

### LSP Summary Scores (scaled to 100)



#### LSP Summary Score Legend

Be - Anti-social behaviour

Se - Self Care

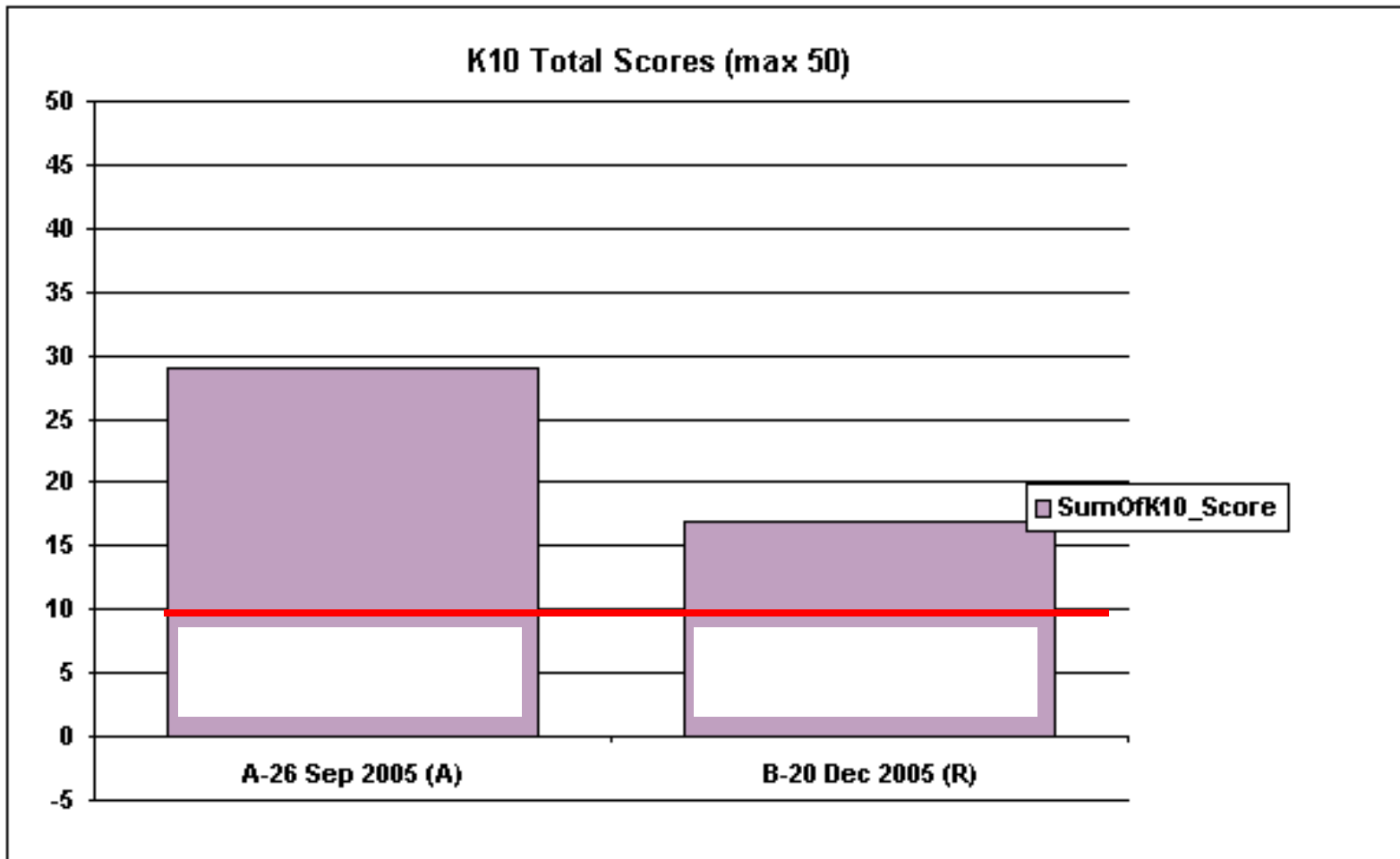
TS - Total Score

Co - Compliance

Wi - Withdrawal

#### LSP Scores

Collection Date	Collection Occasion	Service Setting	LSP Items	Summary Scores																					
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Be	Co	Se	Wi	TS	
20 Dec 2005	21	Review - At stand	1	Inpatient psy	1	2	1	2	1	1	0	1	1	0	1	1	0	2	1	1	3	2	6	5	16



***K10 Scores***

<i>Collection Date</i>	<i>Collection Occasion</i>	<i>Service Setting</i>	<i>K10 Items</i>											<i>TS</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>
				<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>					
26 Sep 2005	11	Admission - Resp	1 Inpatient psy	4	4	3	2	4	2	3	3	2	2	29				
20 Dec 2005	21	Review - At stand	1 Inpatient psy	2	2	2	3	2	1	2	1	1	1	17				

# Care Plan training – *continued*

- Ideal group size is 10 to 12 people
- Break into 4 small groups for practice
  1. Outside page of Care Plan (pages 1 & 4)
  2. Inside page of Care Plan (pages 2 & 3)
  3. Clinical Review form
  4. Consumer Recovery Plan

# “New” MH-OAT Care Plans

- Very different from the original MH-OAT Care Plans
- Emphasis on strengths & needs of the consumer
- Based around the outcome measures

HoNOS

LSP

K10 (Self report)

- Plus any other issues identified by the clinician, the consumer or the carer

# Care Plans

- Should be commenced soon after admission  
– goals/issues can be added later
- Goals/issues & interventions should be clear & succinct
- Outcome measures used as a guide and prompt
- Measures do not replace clinical judgement

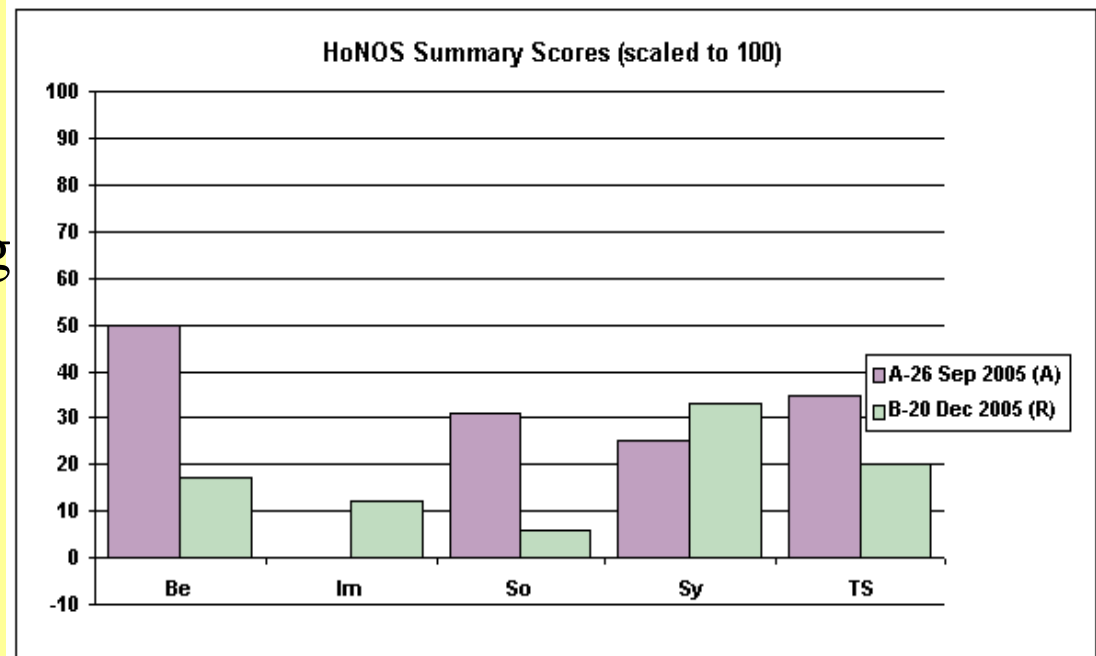
## Care Plans – *HoNOS scores*

- A HoNOS score of 2 or above is considered clinically significant
- Some important issues may not show up in the measures eg. HoNOS item 11 – Problems with living conditions
- Other items may rate a high score, however do not need to be on the Care Plan at this stage eg. HoNOS item 9 – Problems with relationships

# Care Plans - *continued*

Can have more than 3 goals in rehab areas

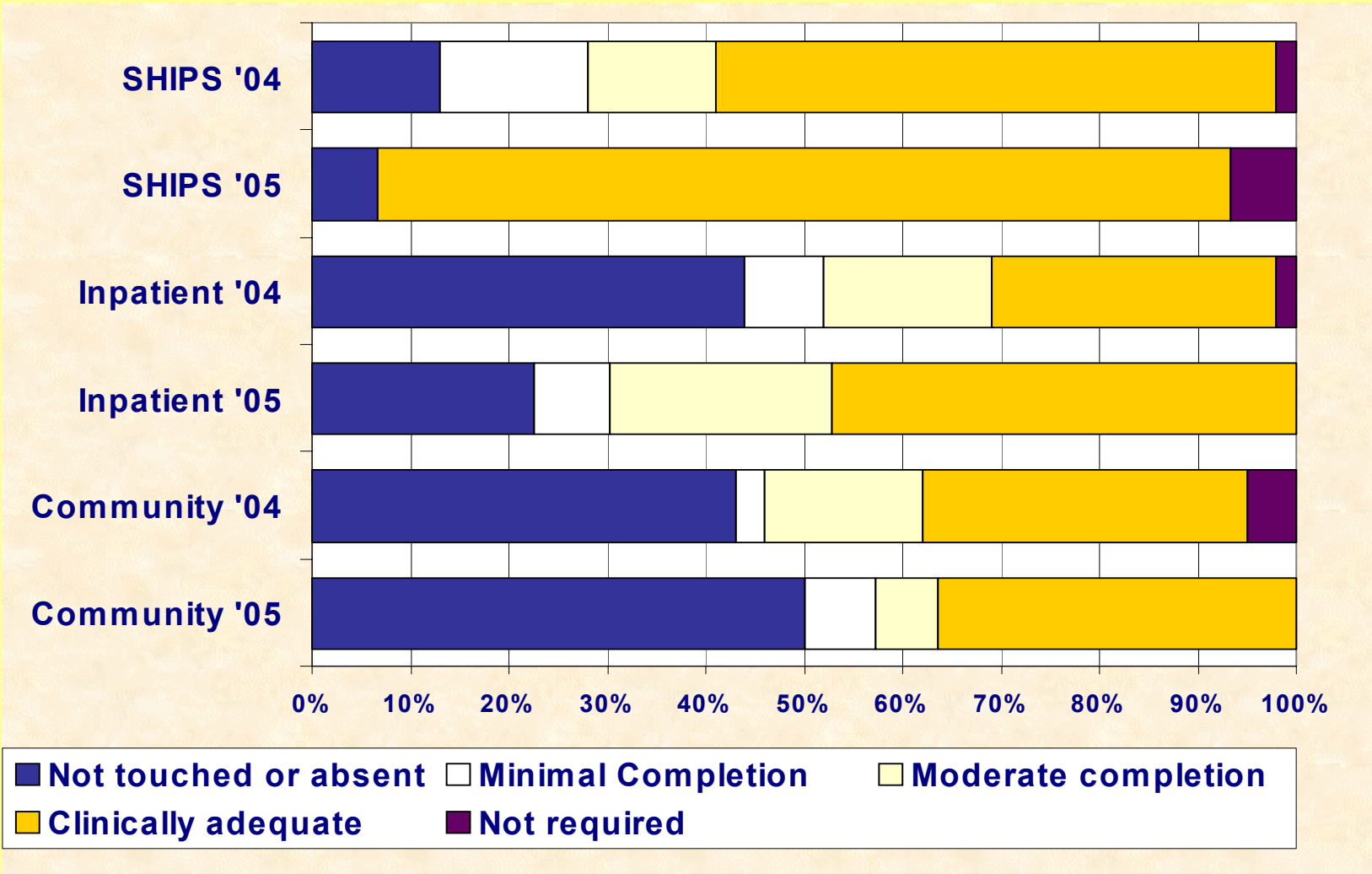
1. Substance abuse
2. Hallucinations/ Delusions
3. Family education
4. Personal hygiene
5. Supported housing  
on discharge



## Care Plans - *continued*

- Consumer & carer issues to be included
- Encourage consumer signature – or note why not
- Carer signature if possible
- Clinician must sign
- Take note of self report score, even if you think it is untrue

# Audit results for use of Care Plan '04-'05

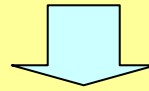


## Clinical Review (R2)

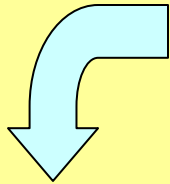
- Must be used with outcome measures at 13 week reviews (35 days in acute)
- Can be used at other times if clinically indicated
- Useful as a “snapshot” of progress since the last review
- Biggest issue is who to fill out what
- Encourage use of graphs

# Consumer Recovery Plan

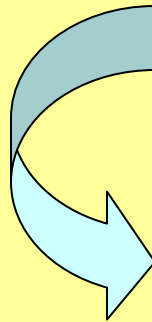
How do we know the thoughts & needs of consumers?



**Consumer Recovery Plan (CoRe)**  
Developed by consumers, for consumers



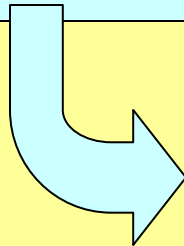
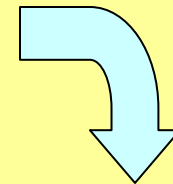
Consumer reflects on strategies to prevent relapse



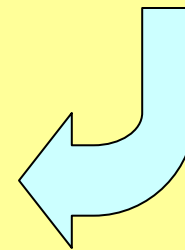
Partnership between consumer & clinician



Clinician reflects on interventions to prevent relapse



**Reduced Relapse Rate**



# Consumer Recovery Plan

- Consumers own plan – need some insight
- Clinician can assist
- A good way of opening up discussions
- Very useful tool to work on relapse prevention

# Care Conferences

- Care Plan should be discussed even if it is not rated
- Goals/Issues can be added as the needs of the consumer change
- Some staff, especially medical staff, may need prompting to refer to Care Plans, Clinical Review form etc

# Important Points

- A page of scores is not particularly useful
- Encourage use of reports (with graphs to show change)
- Clinicians will be aware of the need for accuracy if they see the outcome measures used in clinical practice
- Clinicians will use Care Plans if they see the practical benefits
- Promote use of Consumer Recovery Plan