



## 5 YEARS ON - EMERGING AND CONTINUING ISSUES IN THE IMPLEMENTATION OF OUTCOME MEASURES

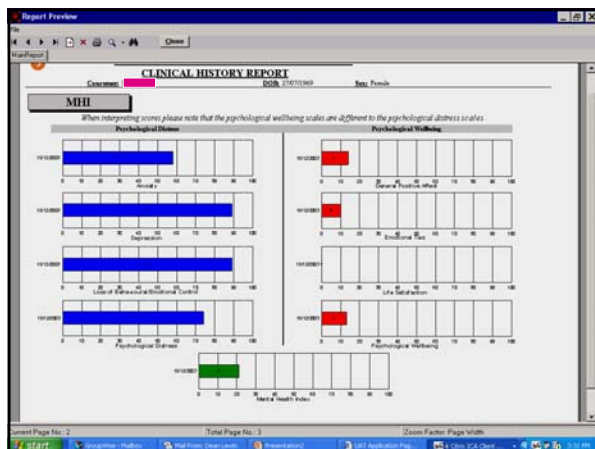
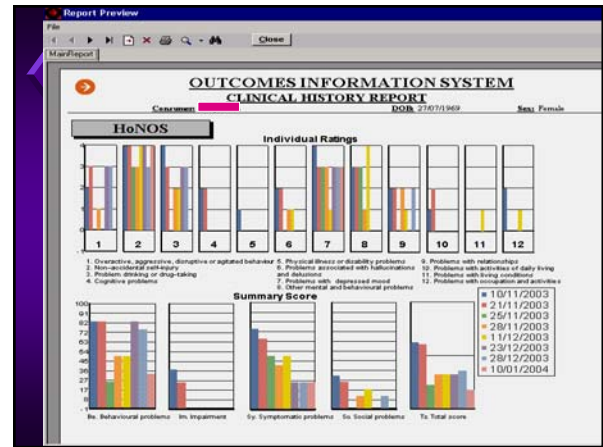
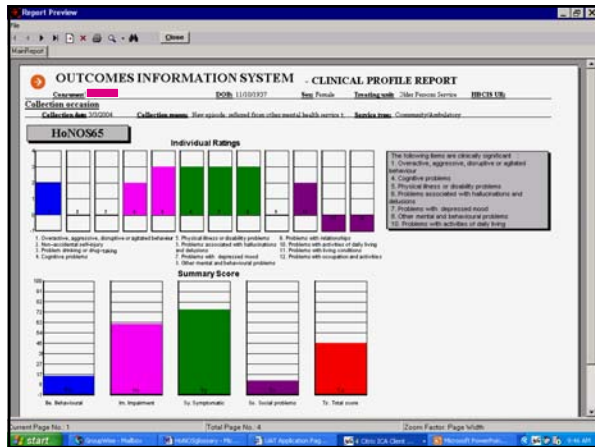
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Evaluation Funded by Queensland Health



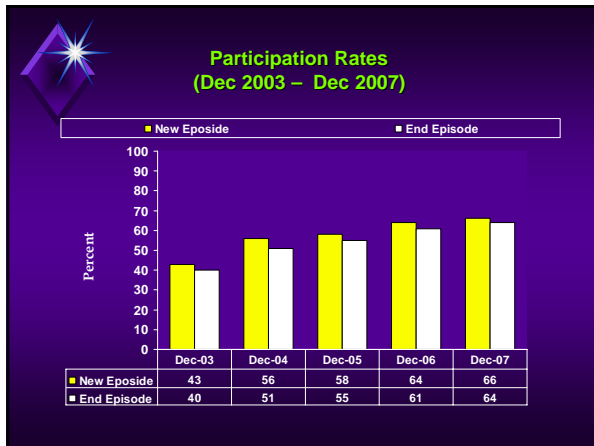
## Implementation of Outcomes Initiative -

- ◆ Implementation of Outcomes Program in Qld commenced in 2003
- ◆ Communication and Service Readiness
- ◆ Development of an 'Outcomes Information System' (OIS)
- ◆ Staff Training
- ◆ Support post-training
- ◆ Redesign of Information System (CIMHA)



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### Evaluation - Overview

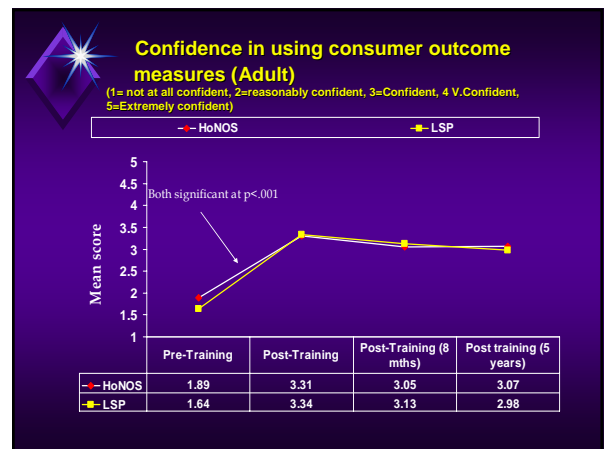
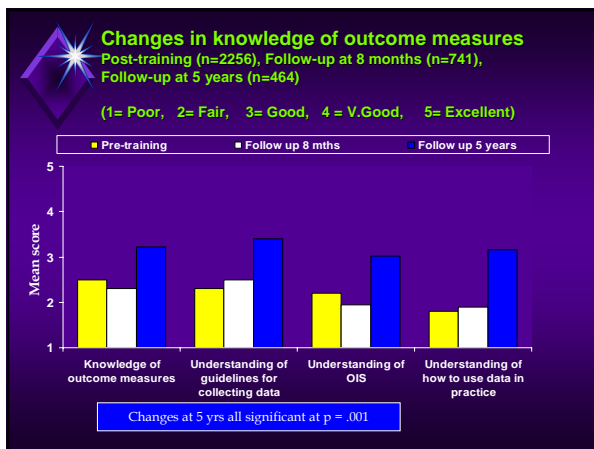
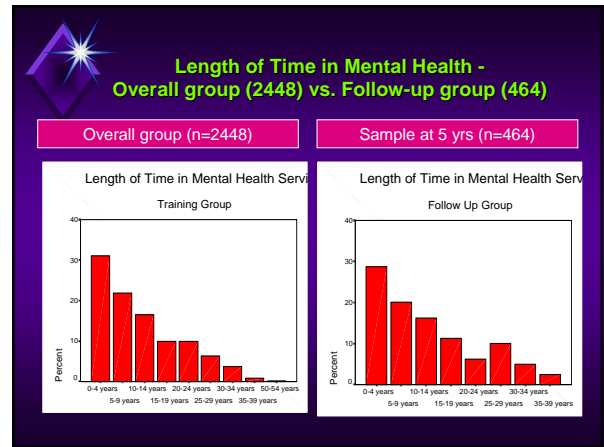
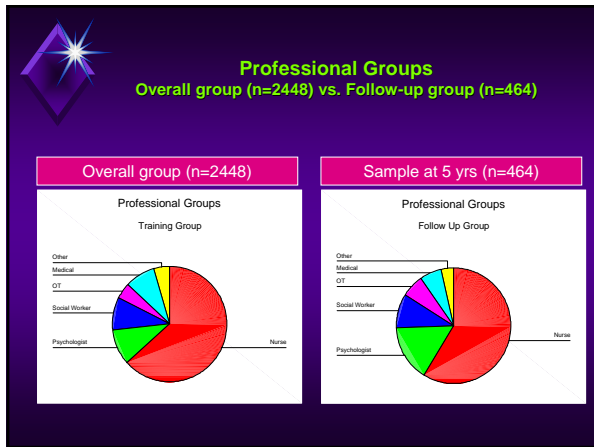
**Design:**  
Prospective pre-test/post-test design using repeated measures

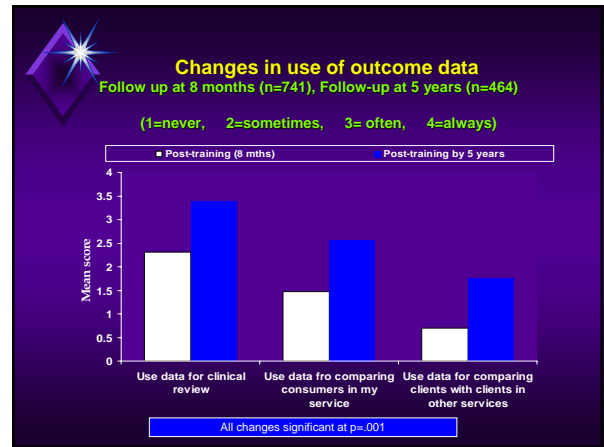
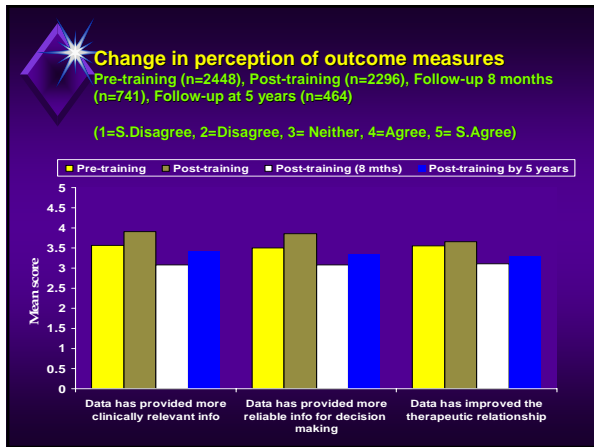
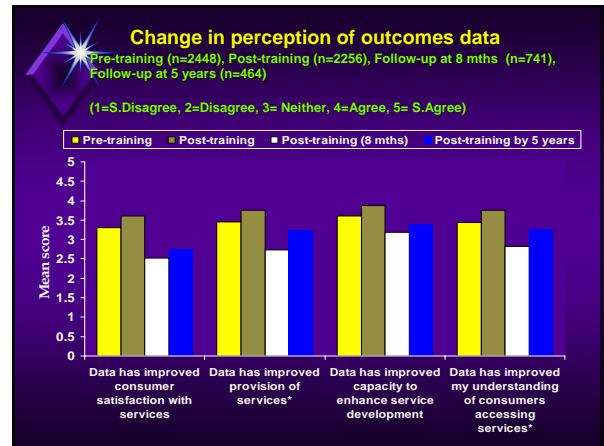
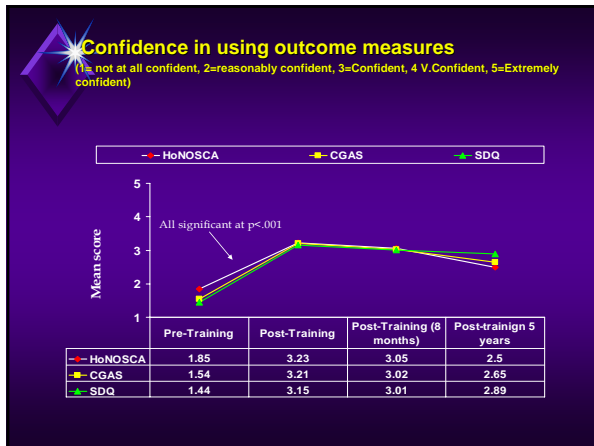
**Questionnaire Data:**

- Immediately prior to training (n=2448)
- Immediately following training (n=2296)
- 8 months post-training (n=741)
- 5 Years post-training (n= 464)

**Focus Group Data:**

- 8 months post-training: Focus group discussions (n=44) with 324 staff and 4 discussion groups with 29 consumers
- 5 years post-training: Focus group discussions (n=71) with 522 staff and 6 discussion groups with 53 consumers





- ### Staff satisfaction
- Poor correlation between levels of job satisfaction and confidence in completing measures
  - Poor correlation between levels of job satisfaction and attitudes to outcomes measurement.

### Focus group data -Consumer issues

- ◆ MHI seen as a means of letting 'doctor' know how one is functioning
- ◆ Perceived as being too clinical
- ◆ More feedback from staff
- ◆ More attention to the way that MHI is offered
- ◆ More room for 'free-hand' comments
- ◆ More information for consumers
- ◆ Makes one more depressed...

### Focus Group Data – Ongoing issues

#### Staff factors:

- Workforce: staff shortages, staff-patient ratios, agency/casual workforce, staff acting in positions
- Poor leadership and supervision - haphazard uptake in initiatives (including outcomes)
- General lack of support from senior medical staff – poor understanding of the outcomes initiative -
- A large proportion of staff see little or no value in outcome measurement- 'a paper exercise'
- No reward for completing measures – no 'punishment' for not completing them
- Staff ability to assess clients (mental state exam, etc)

### Focus Group Data – Ongoing issues

#### Measures:

- Main focus is on HoNOS
- Lack of confidence in HoNOS – difficult to rate, wide variation in scores, validity and reliability issues,
- All measures too clinically focused –
- Effort devoted to using measures appropriately is questionable – use of glossary, etc
- Staff attitudes and MHI

### Some conclusions

- ◆ Wide variation in the completion of measures – even within the same service
- ◆ Completion of MHI remains problematic
- ◆ Trend towards a decrease in confidence in completing measures.
- ◆ Some improvement in attitude towards outcome measures. Staff are more acceptable of the outcomes initiative – less fearful of data.
- ◆ After 5 years.....

### Conclusions

- Ongoing training for staff – locally driven
- Ongoing information for consumers
- Long term view – possibly 10 -15 years!

### The way forward....

- ◆ A key driver in the establishment of an outcomes program is support from senior medical staff
- ◆ *"How has this client changed on outcome measures since we last reviewed him/her?"*
- ◆ Establishing a paid position devoted to promoting outcomes (eg. Townsville model).
- ◆ Establishing outcomes resource people within services (eg. Cairns model).
- ◆ Rewarding staff for completing measures – PDP
- ◆ ??? Linking outcomes to funding