

## Pilot study of the Routine Collection and Reporting of Consumer Perceptions of Care

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## Why was this study undertaken

- Under current National protocols, the **clinical aspects** of consumer outcomes are measured by collecting
  - Clinician rated clinical status (e.g., HoNOS, LSP-16)
  - Self-reported clinical status (e.g., MHI-38, MHO-14)at key points during episodes of mental health care (Admission, Review and Discharge).
- But the **Consumer's Perceptions of Care** are not collected and reported

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## What did we do

- With financial support from the Australian Government and the CDMS's other financial stakeholders (the APHA and AHIA):
- Examined the feasibility, utility, and acceptability of the **routine collection and reporting of information about Consumer Perceptions of Care.**

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## Perceptions of care

- The existing MHSIP Consumer Surveys were used in the pilot study.
  - Their development was rigorous and involved all stakeholders, particularly consumers
  - Review of the Inpatient version of the MHSIP by private sector consumers (70) indicated that the measure was acceptable.
- Domains covered by the MHSIP surveys include:
  - Consumer perceptions of access
  - Participation in treatment planning
  - Quality and appropriateness
  - Consumer reported outcomes
  - General satisfaction

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## MHSIP ([www.mhsip.org](http://www.mhsip.org))

- Mental Health Statistics Improvement Program
  - Initiated in 1976 by the National Institute of Mental Health
  - Brings together the
    - **SAMSHA**: Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services
    - **NASMHPD/NRI**: Research Institute of the National Association of State Mental Health Program Directors
  - **MHSIP** Policy Group also includes service recipients, advocates, and other federal agencies and provider groups concerned with services for persons with mental illness

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## MHSIP Adult Consumer Survey – 1 & 2

- **Consumer Perceptions of Access**
  - The location of services was convenient.
  - Staff were willing to see me as often as I felt it was necessary.
  - Staff returned my calls within 24 hours.
  - Services were available at times that were good for me.
  - I was able to get all the services I thought I needed.
  - I was able to see a psychiatrist when I wanted to.
- **Participation in treatment planning**
  - I, not staff, decided my treatment goals.
  - I felt comfortable asking questions about my treatment and medications.

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## MHSIP Adult Consumer Survey – 3

### • Quality and Appropriateness

- Staff here believe I can grow, change and recover.
- I felt free to complain.
- Staff told me what side-effects to watch for.
- Staff respected my wishes about who is, and is not to be given information about my treatment.
- Staff were sensitive to my cultural/ ethnic background.
- Staff helped me obtain information so that I could take charge of managing my illness.
- I was given information about my rights.
- Staff encouraged me to take responsibility for how I live my life.
- I was encouraged to use consumer-run programs.

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## MHSIP Adult Consumer Survey – 4

### • Consumer Reported Outcomes

*As a direct result of the services I received...*

- I deal more effectively with daily problems.
- I am better able to control my life.
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.
- My symptoms are not bothering me as much.
- My housing situation has improved.

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## MHSIP Adult Consumer Survey – 5

### • General Satisfaction

- I like the services that I received here.
- If I had other choices, I would still get services from this agency.
- I would recommend this agency to a friend or family member.

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## Who participated

### • Eight private hospitals with psychiatric beds throughout Australia:

- Delmont Private Hospital VIC
- Hobart Clinic TAS
- Lingard Private Hospital NSW
- Perth Clinic WA
- South Pacific Private NSW
- Wandene Private Hospital NSW
- Wesley Private Hospital NSW

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## Collection protocol

- Offer the MHSIP Consumer Survey to consumers at Review and Discharge in all Overnight inpatient and Ambulatory mental health service settings.
  - MHSIP/NRI Inpatient Survey in Psychiatric inpatient settings
  - MHSIP Adult Survey in Adult Ambulatory settings
- Surveys were returned to a central point (the CDMS office at the AMA in Canberra) by stamped addressed envelope for data entry and analysis
- Pilot ran over 4 months

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## Reporting protocol

- Analyses were based on the method used by the US State of Nevada.
  - Analyses and report formats were refined during the study on the basis of feedback from report users
- Reports were provided to participating hospitals on a monthly basis
  - Included comparison of my Hospital with all eight Hospitals
  - Their preparation was fully automated
  - Were provided in an electronic format by email to identified recipients

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## Review protocol

- Consumer surveys included an additional brief questionnaire asking the consumer for their views on the CPoC survey process.
- Following the data collection and reporting phase, each Hospital's management team were asked about their views on the CPoC survey and reporting process.

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## Evaluation questionnaire attached to survey

- Did the survey questions address issues that were important to you?
- What other areas, if any, that you thought are important were not covered by the questionnaire?
- Was the questionnaire easy or difficult to complete? Which questions if any, did you find particularly difficult or confusing?
- Did you feel more comfortable sending the survey to a third party (the CDMS) rather than directly back to the responsible hospital?
- Could you be more honest because you knew your responses could not be identified by the responsible hospital?
- Did you feel confident or otherwise that the hospital would make use of the information?

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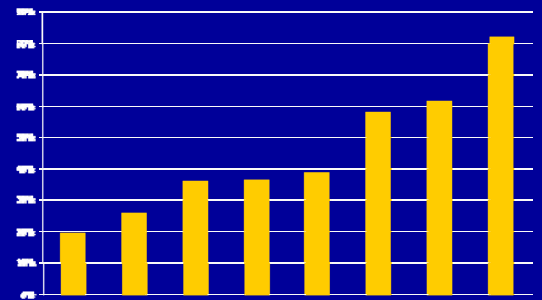
## Questions for Service providers

- Was the content and wording of the surveys and the accompanying explanatory material appropriate?
- Did the survey results contain information that helped the hospital or service understand the outcomes of the care being provided?
- Were the results of the survey capable of being used to inform changes in hospital or service practice?
- Do you think the implementation of this on a routine basis would add to the information that was already routinely collected by the hospital or service?
- What are the hospital's or service's views in regards to the appropriateness and long-term feasibility of the survey process

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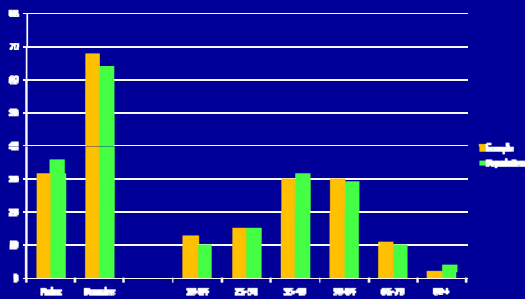
## Response rates



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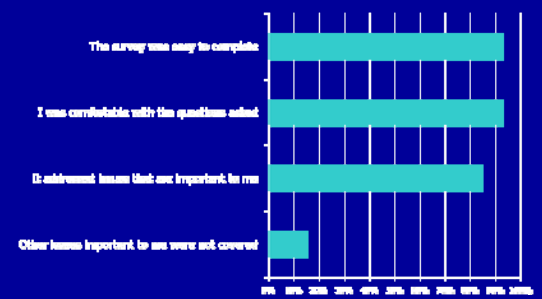
## Characteristics of the sample



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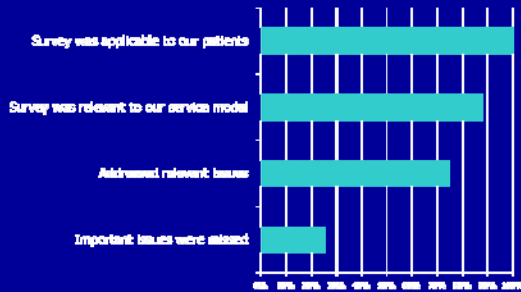
## Consumers' view of the survey



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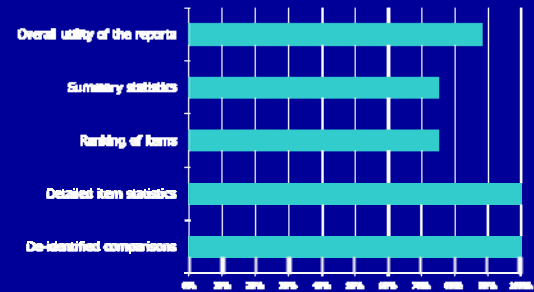
## Managers' view of the survey



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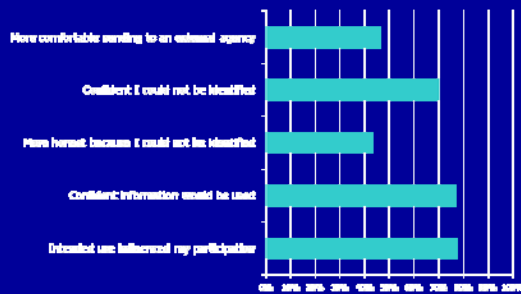
## Utility of the standard reports



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## Consumers' view of the process



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## Managers' view of the process

Would it be useful for all hospitals to implement a CPoC survey tool that had a common, nationally agreed core set of questions?	Yes	100%
Would the surveys used in the pilot study be a suitable starting point?	Yes	88%
Would routine ongoing collection, analysis and reporting of CPoC add to the information that is already routinely collected?	Yes	88%
Would it be practical and cost-effective for the hospital to continue collecting information on CPoC on a routine basis?	Yes	63%
	Yes, but with changes	25%
Should the process used for outcome measures analysis and reporting be used for CPoC data collected by private Hospitals?	Yes	88%
Should CPoC statistics be reported to Health Funds?	No	62%

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## This was an initial step

- We examined the Feasibility, Utility and Acceptability of routinely collecting and reporting on Consumers' Perceptions of Care
- CPoC can be collected effectively and efficiently
- Apparently useful reports can be provided to hospital managers.
- We might now ask: Does doing that actually help Hospitals listen to consumers and improve the quality of care?

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## If you want to know more

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