



Using Outcomes in Partnership

PARC - Prevention and Recovery Care

- Community based Facility with 12 beds
- 24 Hr care by PDRSS staff with clinical in-reach.
- Prevention of Admission/Readmission
- Step Up
- Step Down
- Intensive time limited intervention
- Voluntary
- Active Participation in recovery
- Joint Admission Process

Entry Criteria for clients

- Requiring 24 hour a day services to prevent a hospital admission ('step-up').
- Requiring intensive support to further recover after a hospital admission ('step-down').
- Home environment at risk of break down.
- Identifiable goals for short term stay.
- Clients must be motivated and agree to be involved in the program

Exclusion Criteria

- Acutely unwell requiring admission to an inpatient mental health unit.
- Significant acute risk of self-harm or risk to others.
- Substance abuse issues are the primary issues. (PARC does not have the capacity to manage withdrawal/detox).
- Clients needing secure inpatient services.
- The primary problem to be addressed is accommodation.

What are we collecting

- HoNOS, LSP and MHI as per national protocol
- Admission and Discharge data combination of clinical and non-clinical staff data (information sharing)
- Opened the service in January 2008 (8 months data)
- Collection of data from 58 admissions
- 100% admission HoNOS data collected
- 20% Discharge HoNOS data collected

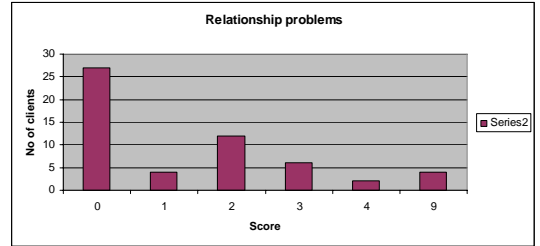
What are we hoping to find?

- The client group – are we seeing the clients the PARC model is designed for?
- What can it tell us about effectiveness?
- How can we improve the service?
- Service planning information
- Identify training needs
- Feedback for staff – clinical and non-clinical
- Recovery tools – MHI

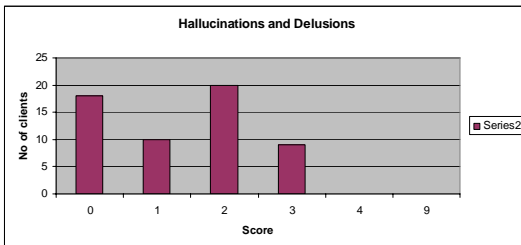
HoNOS Admission Results

| Item | No issue or not known | Monitor (rating 1 | Clinically Significant rating over 2 |
|--------------------------------|-----------------------|-------------------|--------------------------------------|
| Overactive Aggressive agitated | 66% | 30% | 14% |
| Non accidental self injury | 94% | 6% | 0% |
| Problems drinking or drugs | 79% | 14% | 7% |
| Cognitive Problems | 45% | 33% | 22% |
| Physical illness | 62% | 13% | 25% |
| Hallucinations/delusions | 40% | 14% | 46% |
| Depressed mood | 46% | 30% | 24% |
| Relationship problems | 62% | 6% | 32% |
| ADL problems | 48% | 22% | 30% |
| Living Conditions | 68% | 7% | 25% |
| Occupation and Activities | 59% | 11% | 30% |

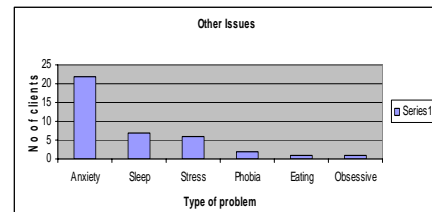
HoNOS Admission Results



HoNOS Admission



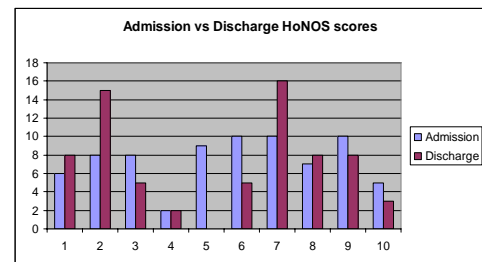
HoNOS Admission



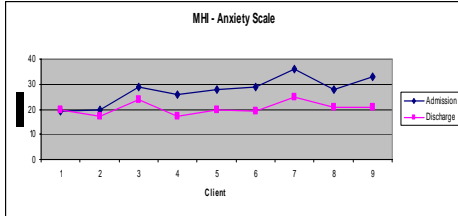
What does this tell us?

- Service intake good – describes client group in relation to entry/exclusion criteria
- Program focus on top 5 issues symptom management and psycho-education, anxiety management, relationship issues, ADL, Occupation and Activities.
- Staff training
- Future recruitment
- Collaboration – Feedback to all staff
- Revisit HoNOS protocol and training

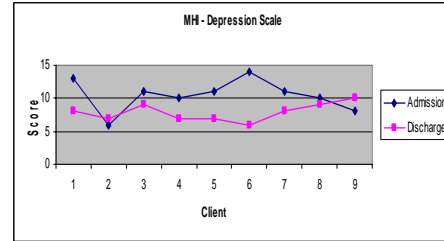
Admission vs Discharge HoNOS



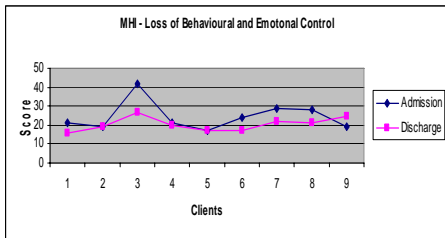
MHI _ Admission vs Discharge results



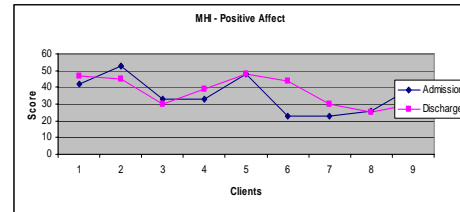
MHI



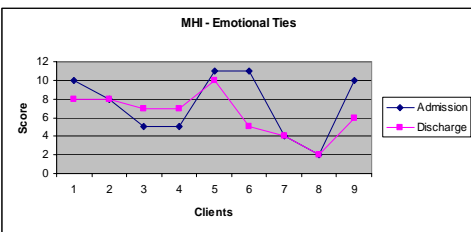
MHI



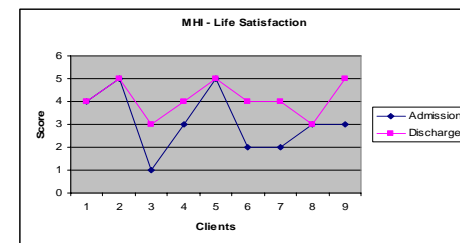
MHI



MHI



MHI



Conclusions from MHI

- Admission observations
 - Clients concur re anxiety and relationship issues
- Positive improvement overall
 - Some impact on mood and anxiety
- Inconsistent impact on
 - Behavioural and Emotional Control
 - Emotional Ties

Summary and Future Direction

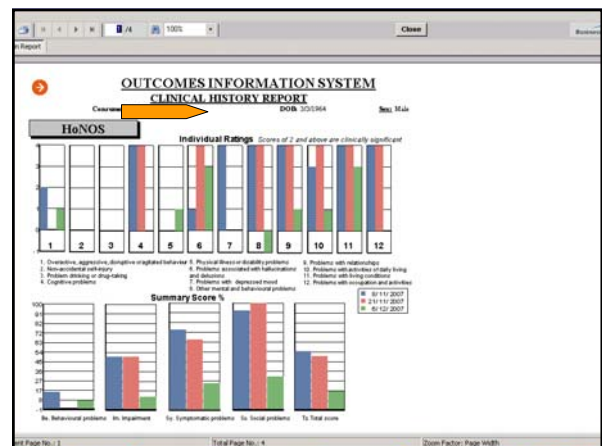
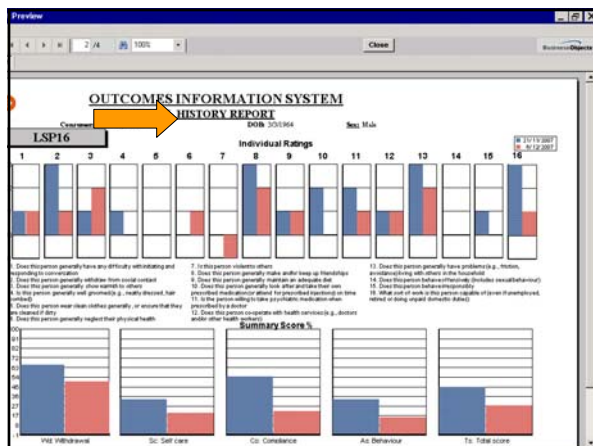
- Only 8 months of operation but continuing to collect data.
- Program Changes (clinical and non-clinical) to add more anxiety management treatments/strategies, more psycho-education and help with relationship guidance
- Focus Staff Training in partnership
- Specialist Roles
- Continue to monitor intake etc
- Effectiveness of partnership - dialogue

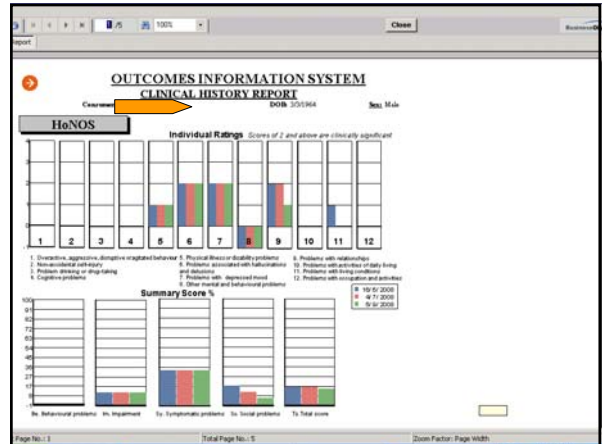
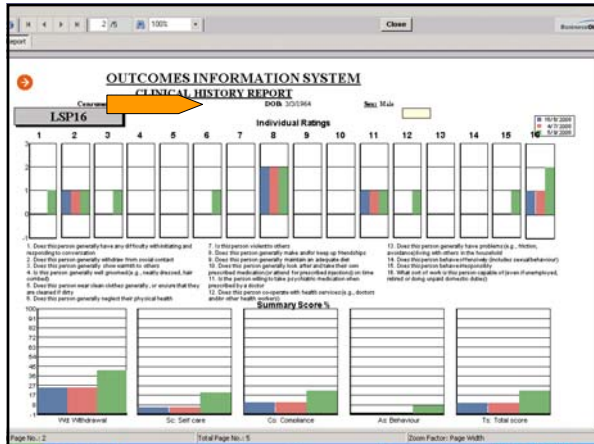
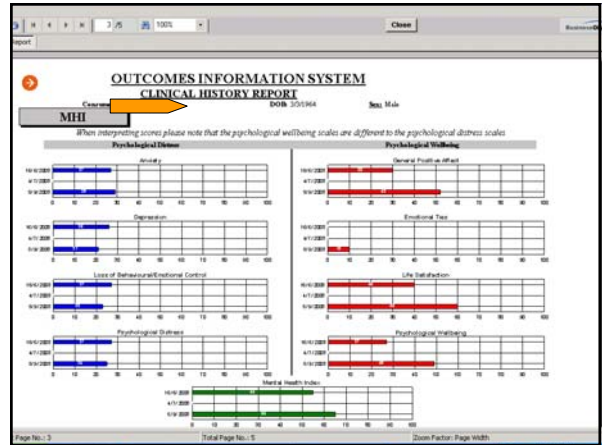
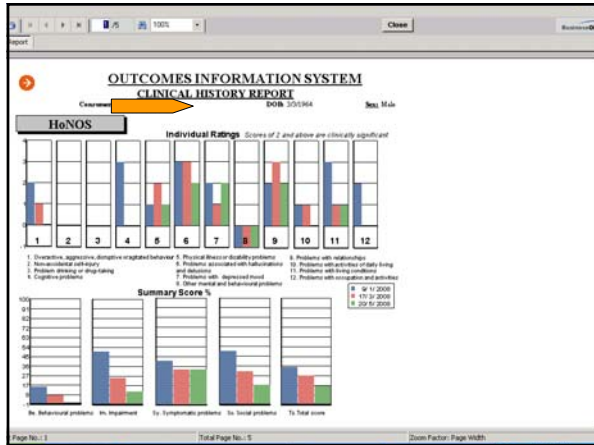
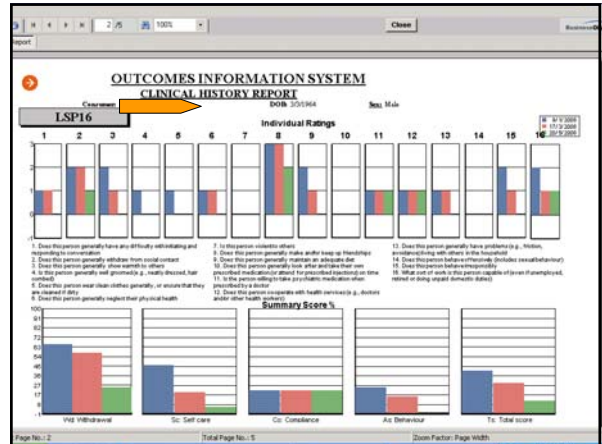
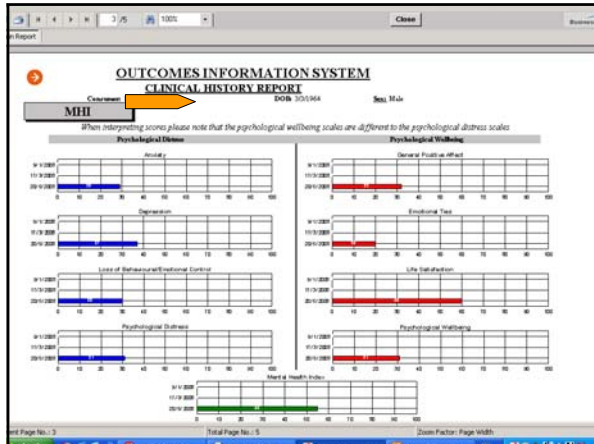
Case Study

Use of Outcome Measures on an individual basis

David

- 45 yr old male
- Long history Schizophrenia not treated
- Transient lifestyle
- First PARC client
- Paranoid
- Delusional
- Socially isolated/family breakdown
- Homeless
- Ambivalent to engage in services





Observations/findings

- Useful information tool on service level for quality and service development
- Individual tool for dialogue with client and development of ISPs
- Provided information for dialogue and collaboration
- Training and Recruitment information
- Breaks down clinical vs non clinical barriers – same language
- Sharing information - no doubling up