

2nd Australasian Mental Health Outcomes Conference

Melbourne
November 2008

Why Don't You Get The Doctors To Do The HoNOS: An Opportunity For Nursing to Lead Best Practice?

Presenters:

Tim Coombs

AMHOC

Regina McDonald

Clinical Nurse Consultant SMHSOP

Sydney Australia

Presentation Overview

- Aim of the presentation
- Introduction
- What is HoNOS
- Collection numbers
- Advantages of HoNOS in nursing practice
- Advantages of HoNOS for clients
- Conclusion

Aim of this paper is to:

- To demonstrate the utility of the HoNOS for nurses in clinical care

Introduction

- Under the National Mental Health Strategy 1992 mental health services were reviewed
 - One goal being to develop standard measures of a consumer's clinical status and functioning and apply these at entry and exit from care to enable changes to be measured (2007 National Mental Health Report p. 49)
- As result of this review the National Outcomes and Casemix Classification (NOCC) was introduced into Australian mental health services in 2001

Introduction

- The NOCC suit of data to be collected in NSW mental health services consists of the Mental Health Outcomes Assessment Tools (MH-OAT) of which the **Health of a National Outcomes Scale (HoNOS)** is one such tool
- HoNOS was examined as a measure of mental health status for routine use in mental health clinical settings (Meadows and Fossey 2001, p. 232)
- HoNOS is one of six tools considered for the routine review of outcomes of services provided to those with mental health problems (Meadows and Fossey 2001, p. 232) across the life span
 - And is one of the primary mandated outcomes measure within the NOCC data suite

HoNOS

- The Health of a National Outcomes Scale (HoNOS) was considered the most relevant as a tool of comprehensive assessment by clinicians in routine mental health practice (Epstein et al p. 232)
- Used to gather information about key areas of mental health and social functioning (Epstein et al p. 233)
- It has applicability across a range of client groups and mental health service settings (Epstein et al p. 233)

Training

- In NSW considerable investment has been undertaken in training all mental health service providers in the use of the MH-OAT process and the recording of client/consumer mandatory outcome measures including HoNOS
- Such training is ongoing to include newly recruited mental health staff
- In most AHS there are dedicated trainers to meet workforce demand and support clinicians on the ground

Workforce - National

- Nurses comprised 64% of the 04-05 **Australian** mental health workforce and account for 45% of the total workforce growth (2007 National Mental Health Report p. 46)
- Medical staff had increased by 43% in 2004 –05 and comprised 10% of the 04-05 **Australian** mental health workforce (2007 National Mental Health Report p. 46)

Workforce - NSW

- In 04 –05 there were 3,735 FTE nurses working in specialist mental health services in NSW (2007 National Mental Health Report p. 141)
 - They work in all mental health service settings
 - Care for consumers of mental health services across the lifespan
- In the same period there were a total of 520 medical officers:
 - Consultant psychiatrists
 - Psychiatric registrars, and
 - Other medical officers (2007 National Mental Health Report p. 141)

Workforce

- While the majority of staff trained in outcome measures were and are mental health nurses
- Doctors and allied health staff were also required to attend training and to record the outcome measure scores (particularly the HoNOS) on patients being assessed

Collections in Area X

- Since 2000, there was:
 - 81,933 collection occasions on admission, review and discharge in Area X
 - 51,401 HoNOS's completed
 - 69% were completed by nurses
 - 11% by doctors
 - 10% by psychologists, and
 - 8% by allied health staff.
 - 3% of error data.
- Two things are important to note are:
 - **nurses collect the most HoNOS**, but
 - doctors do also collect outcome measures.

Collections in Area Y

- Since 2002 – 2008 there has been:
 - 52,413 collections
 - 58% collected by nurses
 - 3% collected by doctors
 - 21% by psychologists
 - 14% by allied health, and
 - 3% by others care workers
 - Again most of the data collected (not specifically HoNOS in this case) was still collected by nurses

Why do you get the doctors to do the HoNOS when nurses collect the majority of HoNOS and nursing can use this data to provide evidence of care and lead best practice?

Do mental health nurses use HoNOS to their greatest advantage?

Clinicians

- Reasons they don't use measures include logistical concerns:
 - too much paper work,
 - time constraints,
 - concerns about the usefulness of the information or the way the information may be used (Garland 2003)
- Ambivalence, competing work demands, lack of support from senior medical staff, questionable evidence to support the use of outcome measures, and fear of how outcomes data might be used emerged as key issues (Meehan 2006)

Consumers

- A study by Guthrie (2008) showed that consumers see the benefit of routine outcome measurement and believe it leads to improved care.
- More information about outcome measures, including the clinician-rated outcome measures, needs to be provided to consumers if they are to be engaged constructively in this exercise (Guthrie et al 2008)

Mental Health Nurses

- The responsibilities of mental health nurses vary according to the service setting in which they work and their expertise and knowledge
- Several key functions include:
 - Observations and assessment to enable planning of appropriate care
 - Implementation of interventions designed to restore patients to their highest level of functioning, and
 - Monitoring patients' responses to nursing interventions and other treatments (Elson, 2001, p. 142)

For Mental Health Nurses:

- HoNOS offers knowledge about the clients:
 - Degree of behaviour
 - Psychological state
 - cognition
 - Physical state
 - Functional capacity
 - Of which 6 of the items are related to functional assessment:
 - eg ADL's, and occupational capacity
 - Living conditions
 - Problems with relationships
- This encompasses all the elements of a bio-**psychosocial** assessment

What can Nurses do with this knowledge?

- Knowledge such as this can be empowering for the client and for clinicians
- It offers opportunity to set goals (where appropriate) according to the identified areas of deficit in collaboration with the client and or carer and the clinicians

For Nurses this is knowledge that:

- Rejects the reductionist way of thinking
 - Focusing on the "holistic" needs of the client as opposed to only the medical or psychiatric issues
- Provides structured means of information gathering that helps ensure a systematic approach to patient care
- Allows us to consider the phenomenology of that person
 - Allows for a greater understanding of the client - their life experiences past and present
- Offers nurses the opportunities to measure outcomes and effectiveness

For the Client this is knowledge that:

- Offers a template for planning interventions
- Assists in monitoring progress
- Provides a point of feedback
- Guides actions for rehabilitation and enhance recovery, and
- Offers opportunities to confirm, by a quantitative measure, the effectiveness of the goals set and the compliance with interventions prescribed

HoNOS

- HoNOS is a 12 item clinician rated tool with
 - 4 sub-scales:
 - Behaviour
 - Impairment
 - Symptoms
 - Social skills
- It is not a structured clinical interview on its own
- But through routine gathering of clinical information from interview and history taking, which has been supplemented with material from a variety of other sources, clinicians can complete the scale and record the most appropriate ratings
(Meadows and Fossey 2001, p. 232)

Evidence base data

- HoNOS is an assessment method or tool that can be used to assess whether:
 - Goals have been achieved
 - An improvement in the mental, physical and/or social functioning has occurred and
 - The maintenance of an optimal functional state has been achieved

Evidence base data

- Mental health nurses need to acquire evidence based care in order to articulate the unique contribution they make to improving the health outcomes of their clients
- Collecting, recording and using HoNOS data to validate the care nurses give offers an opportunity for this to occur

Summary

- Recording HoNOS in conjunction with doctors and /or within a multidisciplinary team is ideal
 - This will assist in reaching a consensus of the scores recorded and validating that outcome
- However, nurses can use this information effectively to document evidence of the input and care **they** have offered to the clients and their families
- Nurses can take ownership of the HoNOS to validate effective nursing practice and generate best practice

Conclusion

- HoNOS can be used by nurses:
 - To identify the key reason for patient admission and episode of care
 - As a tool for holistic assessment
 - To ask questions about the underlying cause of the presenting problem
 - To guide clinical care
 - To assess the degree of disability and distress
 - To formulate the best pathway for recovery
 - To monitor patient /client progress
 - To decide on admission into and discharge from a specific mental health service
- **Importantly, as evidence:**
 - Of effective nursing care programs and interventions, and
 - To generate best practice

■ **Thank You**

References

- Chapter 14 Assessment: Essential Skills by Epstein, Fossey, Leggatt, Meadows, Minas and Olsen (2001). *In Mental Health in Australia: Collaborative Community Practice* edited by Graham Meadows and Bruce Singh. Oxford University Press.
- Australian Government. *National Mental Health Report 2007: Summary of the Twelve Years of Reform in Australian's Mental Health Services under the National Mental Health Strategy 1993-2005. Tenth Report* Commonwealth of Australia: Canberra.
- Commonwealth of Australia. *Measuring Consumer Outcomes In Mental Health: Field Testing of Selected Measures of Consumer Outcomes in Metal Health 1997* Commonwealth of Australia: Canberra.